



# UNIVERSITY OF HARTFORD

## GRADUATE INSTITUTE OF PROFESSIONAL PSYCHOLOGY

### Practicum Request Form

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Academic Year \_\_\_\_\_

**Instructions:** Please make your final requests for practicum placement for the academic year. Answer items 1-3 by placing a check in the box(es) that best describe your interests. For item 3, please list in order your top 10 choices for practicum assignment, along with comments regarding your requests. **Form is due in mailbox of the Coordinator of Practicum Training by March 15.**

1. What age-range(s) of clients would you like to work with next year?

- Children
- Adolescents
- Adults
- Geriatrics

2. In what setting(s) would you like to be placed next year? (Check all you are interested in)

- Inpatient
- Partial Hospital
- Outpatient
- Elementary School
- Special Education Program
- Forensic/Correctional
- College Counseling

Where do you plan on living next year?

Town/City \_\_\_\_\_

State \_\_\_\_\_

3. List 10 choices (in order) for practicum next year:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

4. Comments: (Please use this section to describe what features of your preferred sites are most important to you and to note any issues that would affect your practicum placement).

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5. Fluency in another language? \_\_\_\_\_

6. Master's degree? Or license in another mental health discipline? \_\_\_\_\_

7. Your phone number (where you are reachable usually): \_\_\_\_\_