COURSE TITLE: Supervised MFT Practicum I, II, III (3 cr.)
COURSE ID: MMFT 698A, MMFT 698B, MMFT 698C

COURSE DESCRIPTION: Expands and enhances the knowledge and training learned in previous coursework. Provides more in-depth clinical experience and helps to develop clinical skills. Each Supervised MFT Practicum course comprises 200 hours of supervised clinical experience at an approved community counseling center (600 hours total). This course is supervised by a licensed Marriage and Family Therapist.

PLEASE CHECK ONE:
Practicum I: MMFT 698A_____ Practicum II: MMFT 698B_____ Practicum III: MMFT 698C____

TRAINING OBJECTIVES:
The following are categories of clinical experiences for the Practicum experiences. With your site supervisor and Regis Faculty member, please indicate the training objectives you will pursue this semester.

Semester: ____________ Year: _____________

_____ Child Therapy
_____ Couples Therapy
_____ Individual Counseling/Therapy
_____ Psychodiagnostic Intake
_____ Group Clinical Supervision
_____ Program evaluation and administration
_____ Psychological Test Administration and Interpretation
_____ Documentation (Treatment plans, clinical reports, case summaries)
_____ Consultation/Referral (case conferences, referral to other agencies)
_____ Video/audio taping of client sessions (releases required)
_____ In-service, staff training, staff development meetings

_____ Adolescent Therapy
_____ Family Therapy
_____ Group Counseling/Therapy
_____ Emergency/Crisis Intervention
_____ Other (specify: ________________)
_____ Individual Clinical Supervision

Learning Contract for Marriage and Family Therapy Emphasis – Updated 08/2003
LEARNING OBJECTIVES:
Please include areas of training that will be the focus of this Practicum. These will be determined with the site supervisor.
(Examples: I will complete of two intake interviews with new clients, I will score and interpret one adolescent test battery, I will write and present three clinical cases to facility staff)
1.
2.
3.
4.
5.
6.

PRACTICUM PLACEMENT INFORMATION:
Student Name: ___________________________ Telephone: ___________________________
Regis Faculty Name: ___________________________ Telephone: ___________________________
Site Supervisor Name: ___________________________ License #: ___________________________

Site Name: ___________________________
Site Address: ___________________________
Site Telephone: ___________________________ Site Fax: ___________________________

Signatures:
Site Supervisor: ___________________________ Date: ___________________________
Student: ___________________________ Date: ___________________________
Regis Faculty: ___________________________ Date: ___________________________

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