

Training Needs and Interests

Argosy University, SFBA

Printed Student Name _____

*Phone Number(s) _____

Address _____

City _____ Zip Code _____

Email Address _____

Primary Interest Areas (Rank 3; 1 is your highest preference)

Counseling and Clinical Placements

Children	_____	Adolescents	_____
School	_____	General Assessment	_____
Families/Couples	_____	Forensic (non-corrections)	_____
Corrections (adult)	_____	Corrections (juvenile)	_____
Geropsychology	_____	Crisis	_____
Health/Hospital/Medical	_____	Neuropsychology	_____
Seriously Mentally Ill	_____	Substance Abuse/Addictions	_____
Private Practice/General	_____	College Counseling	_____
Other: (please describe)	_____		

Do you have an interest in working with a special population (i.e. Native Americans, Sexual Abuse Victims, Lesbian/Gay/Bisexual)? If so, please describe: _____

Are you fluent in any other languages including ASL? If so, please describe:

Are you bi-cultural? If so, please describe:

Would you like, or have you received, clinical supervision in a language other than English? Please describe:

Please list any and all prior practicum experience at AU please - list the site(s) name and approximate number of hours obtained at each:

Site Name : Direct hours: Indirect hours:

Site Name : Direct hours: Indirect hours:

Site Name: Direct hours: Indirect hours:

If you have had prior practicum experience at another *graduate* program please describe (Please provide details about the type of agency, population and the services that you provided):

If you have had prior job experience in mental health or related profession please describe (Please provide details about the type of agency, population and the services that you provided):

Please provide a brief self assessment of the of your current strengths, as well as areas that you need further development (Use the DAL's as an anchor for you self assessment) :

Strengths:

Growth Areas:

Do you believe you may need special accommodations at your site? Yes ___ No ___

If yes, please describe: _____

Have you applied for ADA accommodations? Yes ___ No ___ (If you answered no, and you believe you will need accommodations at your site, please see Student Services)

The Training Sites that we have partnered with are located all over the larger Bay Area. If you are unable to commute to certain areas for an extenuating circumstance, please list the reason below:

Are there any other factors or issues that you want the Training Committee to know about your training needs and/or interests? Yes _____ No _____
If yes, what?

Printed Name of Faculty Advisor

Date

Faculty Advisor's Signature

Date

Student Signature

Date