

SECOND YEAR PRACTICUM PLACEMENT IN THE SAME AGENCY AS THE FIRST YEAR PLACEMENT

It is expected that students will utilize professional education to develop an understanding of the intervention, policy and research issues related to a variety of populations who are disenfranchised and under-served. The goal can be best achieved through the completion of two practicums in two different agency settings. In exceptional circumstances, most likely in large agencies that serve diverse populations, students may be able to complete a second year practicum in a different service unit within the same agency system.

With these guidelines in mind, students may request permission to complete two placements within the same agency only under the following circumstances:

1. The student is and has not been employed by the agency
2. The student has not completed other internships in the agency.
3. The agency experiences provide a professional development experience which exceeds the student's opportunity for growth in an alternative placement.
4. The population served, administrative issues, and potential research questions must be different for each placement.
5. The Clinical Instructor will be different for each placement.

If you feel you meet the criteria and would like to request to complete your second year practicum placement in the same agency as your first year placement, please complete the form on the back of this document.

Request to Complete Second Year Practicum Placement

in the Same Agency as the First Year Placement

Date: _____

Student Name: _____

Program: _____ Full Time _____ Evening _____ Off Campus

Year in Program: _____ First Year Practicum _____ Second Year Practicum

Name of Current Practicum Agency: _____

Current Clinical Instructor: _____ Proposed Clinical Instructor: _____

1. Please describe your proposal for a practicum in the same agency as your first year placement. Be sure to address each area of the criteria (attach additional page if needed).

2. Please list alternative practicum sites you have considered.

Student Signature: _____ Date _____

Approved by:
Practicum Coordinator _____ Date _____

Clinical Instructor _____ Date _____

Practicum Director _____ Date _____