

**Psychological Testing & Assessment: Theory & Practice**

Check One:     **Mental Health Counseling**     **School Guidance Counseling**

**Graduate Student:** \_\_\_\_\_ **ID @** \_\_\_\_\_ **Semester/Year** \_\_\_\_\_

This document verifies that \_\_\_\_\_, a student in the Graduate Counseling Program at Fitchburg State University, is/will be engaged in this field experience, in partial fulfillment of the requirements for the Master’s of Science degree in Counseling at:

**Field Site (School/Agency)** \_\_\_\_\_

**Field Site Supervising Practitioner(s):** \_\_\_\_\_ **Position/Title** \_\_\_\_\_

**Field Site Address:** \_\_\_\_\_

**Field Site Telephone:** \_\_\_\_\_

**Duties/Activities:**

The student will spend \_\_\_\_\_ hours in an Agency/School setting researching the field site’s testing and assessment program and procedures. Students are expected to:

- Increase **knowledge** regarding evaluation of tests for use in testing/assessment characteristics of clients/students. This includes researching appropriate tests/assessment tools for use in the field site setting.
- Increase **skill** by assisting in the administration of tests/assessment tools under supervision at the field site.
- Exhibit an **ethical and caring and professional** approach to all assigned duties, including: working closely with counseling personnel and students/clients.
- Provide a descriptive report outlining his/her field experience activities.
- **Additional Duties/Activities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**We understand and agree to the above-stated requirements (Signatures required below). In addition, in signing, the student acknowledges that he/she is aware that a criminal history check (including a CORI and fingerprinting) may be required prior to some field experiences and that some findings may result in the denial of Massachusetts Licensure.**

**Graduate Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Field Site Supervising Practitioner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Directions for Course Instructors:**

**MHC students:** white (licensure) copy to student for future licensure application; yellow and pink copies to program departmental secretary

**SGC students:** white (licensure) and yellow copies to program advisor; pink copy for student records