

TULANE UNIVERSITY  
SCHOOL PSYCHOLOGY PROGRAM  
PRACTICUM REPORT FORM

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Name: \_\_\_\_\_

Year in Program: \_\_\_\_\_

Year of reporting period: \_\_\_\_\_

Practicum site: \_\_\_\_\_

*(if you are placed at more than one site, please use separate reporting forms for each site)*

On-site supervisor: \_\_\_\_\_

Off-site supervisor: \_\_\_\_\_

*Strengths of placement:*

*Limitations of placement:*

*Please complete the accompanying excel file indicating the nature of your practicum experiences and clients served.*