Tracking Sheet for Assessment and Intervention Experience & Client Characteristics

(For students years 1, 2, & 3)

Name of graduate student: **Academic Year:** **Semester:**

Instructions: Indicate the number of clients you have worked with over the past semester for each of the sections.

I. Individual and Small Group Work

A. Age groups

	0 to 2 yrs	3 to 5 yrs	6 to 12 yrs	13 to 17	18 to 35	36 to 55	56 to 69	70-80	80+	total
Developmental Assessment										
Cognitive/Psychoeducational Assessment										
Personality/Behavioral Assessment										
Neuropsychological Assessment										
Couples/Family Assessment										
Individual Psychotherapy										
Couples/Family Therapy										
Consultation (individuals or small groups)										

B. Ethnicity / Ethnic identity

	African-American	Asian/Pacific Islander	Hispanic/Latino	White/European	Other (e.g., bi-racial):
Developmental Assessment					
Cognitive/Psychoeducational Assessment					
Personality/Behavioral Assessment					
Neuropsychological Assessment					
Couples/Family Assessment					
Individual Psychotherapy					
Couples/Family Therapy					
Consultation work					

C. Gender

	Male	Female	Transgender
Developmental Assessment			
Cognitive/Psychoeducational Assessment			
Personality/Behavioral Assessment			
Neuropsychological Assessment			
Couples/Family Assessment			
Individual Psychotherapy			
Couples/Family Therapy			
Consultation work			

D. Disability

	physical	sensory	learning	develop.	SMI	other
Developmental Assessment						
Cognitive/Psychoeducational Assessment						
Personality/Behavioral Assessment						
Neuropsychological Assessment						
Couples/Family Assessment						
Individual Psychotherapy						
Couples/Family Therapy						
Consultation work						

E. Sexual Orientation (if known)

	Heterosexual	Gay	Lesbian	Bisexual
Cognitive/Psychoeducational Assessment				
Personality/Behavioral Assessment				
Neuropsychological Assessment				
Couples/Family Assessment				
Individual Psychotherapy				
Couples/Family Therapy				
Consultation work				

II. Other Applied Experience

	# of contacts/sessions with clients	# of people you worked with (directly)
Group therapy		
Program evaluation		
Organizational consultation		
Program development		
Large-group intervention		
Other: _____		