

# UMBC Human Services Psychology Program

## *Clinical Practicum Early Termination Form*

Please complete the first page of this form and send a copy to the UMBC HSP Director of Clinical Training before meeting regarding discussion of early termination of a practicum training agreement.

### Student Information

**Name:**

**HSP program advisor:**

### Site Information

**Practicum training site:**

**Practicum training agreement end date:**

**Practicum training supervisor:**

### Early Termination Information

**Reasons for considering early termination of practicum training:**

**Steps already taken to address relevant concerns or challenges:**

**Any additional information to share prior to meeting with the DCT:**

# UMBC Human Services Psychology Program

## *Clinical Practicum Early Termination Form*

Please complete the second page of this form after meeting with the UMBC HSP Program DCT to document the success plan formulated during the meeting on this topic.

### Meeting Information

**Meeting date:**

**Meeting attendees:**

- *Student:*
- *UMBC HSP DCT:*
- *Other Attendees:*

### Student Success Plan

**Factors/concerns to address:**

**Actions to address above factors/concerns:**

**Notes:**

### Student Affirmation and Signature

I confirm that I have discussed, formulated, and reviewed the above written student success plan in coordination with the UMBC HSP DCT on [meeting date]. I agree to implement this student success plan in my current practicum training placement prior to pursuing early termination of my training agreement.

If I still wish to request an early termination of my training agreement after this plan has been implemented, I will submit a written request to the UMBC HSP DCT to be reviewed by the clinical core faculty, who will make a program-level determination.

I acknowledge that if I terminate my practicum training agreement early, an externship supervisor evaluation will still be completed and filed in my HSP program practicum training record for the training period during which my practicum training placement was terminated (Spring, Summer, or Fall).

I also acknowledge that failure to follow the UMBC HSP program policy on practicum training early termination requests is cause for to be considered “not in good standing” in the HSP program.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Director of Clinical Training Affirmation and Signature

I confirm that I have reviewed the above written student success plan in coordination with [student name] on [meeting date]. I will remain available as the UMBC HSP DCT to discuss further concerns regarding this student success plan as the need arises.

If [student name] formally requests an early termination of their practicum training agreement as per UMBC HSP program policy, I will relay this request for review by the UMBC HSP Clinical Track core faculty. Additionally, I (or, as needed, other UMBC HSP Clinical Track faculty) will meet with [student name]’s externship supervisor and/or training director.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### UMBC HSP Faculty Affirmation and Signature

I confirm that I have reviewed the information included in this written student success plan document.

#### **UMBC HSP Program Advisor**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **UMBC HSP Graduate Program Director**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date