Argosy University, Chicago
225 N. Michigan Avenue, Ste. 1300
Chicago, IL 60601

Psychotherapy Outcome Data Collection Agreement Form

Student Name: _____

Practicum Type: Psy.D. Therapy □ Psy.D. Advanced □

Practicum Year: _____

Site Name: _____

Supervisor Name: _____

Seminar Leader Name: _____

We (the student and supervisor listed above) have discussed the process for clinical outcome measurement for the practicum training year. We have decided to use the following measure(s):

_____

_____

_____

These measures will be administered with the frequency (e.g., every two weeks) and at times points (e.g., before initial therapy session) as described below:

_____

_____

_____

_____

_____		_____	
Student Signature	**Date**	**Practicum Site Supervisor Signature**	**Date**
_____		_____	
Seminar Leader Signature	**Date**	**Training Department Signature**	**Date**