

CUPIP Individualized Training Plan

Intern Name: _____ Start Date: _____

Rotation Group Site: _____

Rotation Group Director: _____

Training Director: _____

Rotation: _____

Supervisor(s): _____

Please complete the following sections with your clinical supervisor(s). It is critical that explicit goals and competencies are defined at the beginning and midpoint of your internship, and that the supervisor(s) and intern agree upon these goals. The Canadian Psychological Association states that:

“Supervisors encourage and actively support interns in the timely completion of their internship requirements respectful of work-life balance. Monitoring and evaluating students’ timely progress forms part of their evaluations” [CPA accreditation guide, 2011, standard IV.E]

Targeted Skills (i.e. Psychological assessment, intervention, consultation, programme development, training in empirically supported interventions, cultural sensitivity, supervision, etc.):

Specific Training Goals and Objectives (i.e. Expected caseload, type of assessment and intervention, client populations, etc.):

Type of Case	Approx. # of clients	Modality	Format	Supervisor

Additional Training Goals (i.e. consultation, supervision, program development, etc.)

Supervision Experiences (i.e. Frequency, group/individual, etc.):

Didactic Experiences

Additional Comments

Approval of Individualized Training Plan

Intern PRINT	Intern SIGN	Date
Supervisor(s) PRINT	Supervisor(s) SIGN	Date
Training Director PRINT	Training Director SIGN	Date
DPaC PRINT	DPaC SIGN	Date