



SPECIALIST PROGRAM IN SCHOOL PSYCHOLOGY

STUDENT HANDBOOK

ENTERING CLASS - FALL 2009



Working Together



Fall 2009/Spring 2010

Welcome to the Psychology Department and to the Specialist Program in School Psychology. We wish you much success in the program.

This student handbook represents our efforts to provide you with a guide to working your way through the program. The handbook summarizes a number of policies and procedures that will be directly applicable to you and your graduate education. These policies have been approved by the School Psychology Program faculty. If you have any questions, please discuss them with your advisor, program secretary and/or the program director.

Please pay particular attention to the introductory pages describing our program goals and philosophy. The ethical codes and professional standards of the American Psychological Association (APA¹) and the National Association of School Psychologists (NASP²) provide the foundations of our program. Key portions of the ethical codes of both APA and NASP are included in the appendices of this handbook.

From time to time, while you are a student and after you graduate, we will be asking you about your experiences in our program. We hope you will assist us in our program evaluation efforts so that we can improve the quality of training we have to offer you and future students. At all times, we welcome suggestions on ways to improve the program.

Sandra Morgan, Ph.D., Program Director
Sharon Bradley-Johnson, Ed.D., Admissions Coordinator
Timothy Hartshorne, Ph.D., SASP Advisor
Michael Hixson, Ph.D., Practicum Coordinator & NASP Liaison
Susan Jacob, Ph.D.
Katrina Rhymer, Ph.D., Internship Applications Coordinator
Kay Purtill, Program secretary

¹Committee on Accreditation, American Psychological Association, 750 First St. NE, Washington, D.C. 20002-4242. Telephone: (202) 336-5979. TDD: (202) 336-6123

²National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814
Phone: (301) 657-0270 , Toll Free: (866) 331-NASP , Fax: (301) 657-0275, TTY: (301) 657-4155

TABLE OF CONTENTS

Program Goals, Training Model, and Philosophy.....	4
Philosophy of Training	4
Historical Perspectives.....	5
Student Progress Timelines.....	6
Requirements for the Specialist Degree.....	7
Waiving Courses	8
Progress through the Program.....	9
Academic Advisors.....	9
Registration for Classes	9
Conditional Admission into the Program.....	9
English Language Proficiency	9
Financial Support.....	9
Academic Integrity Policy	9
Student Grievances	10
Field Experiences.....	10
Malpractice Insurance.....	11
Security of Client Information Stored Electronically	11
Thesis	12
Financial Support for Thesis.....	13
PRAXIS II School Psychologist Specialist Exam	13
Student Portfolio and Required Intervention/Services Outcome Summaries	13
Satisfactory Progress - Dismissal.....	14
Student Review Policy.....	15
Continuous Registration.....	17

APPENDICES

A: APA's 2002 Ethical Principles of Psychologists	18
B: 2000 NASP Principles for Professional Ethics.....	35
C: Student Progress Report	45
D: Competency Evaluation Performance Review	48
E: Attitude and Personal Characteristics Review.....	60
F: Field Experience Questionnaire.....	62
G: Internship Performance Appraisal (PSY 795-796).....	65
H: Internship Weekly Log.....	67
I: Student Intervention/Services Outcome Summaries	69
J: Policy on Bloodborne Pathogens	77

PROGRAM GOALS, TRAINING MODEL AND PHILOSOPHY

The School Psychology Programs at Central Michigan University (CMU) are accredited by the American Psychological Association (full accreditation for the doctoral program) and the National Association of School Psychologists (full for the doctoral program and full for the specialist program) and seek to prepare school psychologists to provide consultation, intervention, and diagnostic services to schools and school children. School psychologists, by working with students, teachers, parents, administrators, community specialists, and programs, promote learning environments in which all children and adolescents can achieve their potential.

The Specialist Program in School Psychology is a three year, full-time, 70-hour graduate program designed specifically to meet NCATE/NASP accreditation standards, leading to the Master of Arts degree in Psychology and the Specialist degree in Psychological Services. This program meets the Michigan requirements for certification as a school psychologist as defined by the State Board of Education. In addition, completion of the program fulfills the requirements for certification as a school psychologist in the majority of states. Specialist degree students are expected to complete both the master's and specialist degrees within five years of admission to the program.

The Specialist Program prepares school psychologists who can consult with teachers, administrators, and parents concerning learning and behavior difficulties; who can develop and implement interventions to prevent or remediate learning/behavior difficulties; and who can assess the nature of such learning/behavior difficulties using reliable and valid methods that yield instructionally-useful information.

Formal field experiences begin in the second year, providing both a laboratory for the application of coursework, as well as an orientation to educational institutions and services. Specific training competencies for the specialist level program are outlined in **Appendix D**.

PHILOSOPHY OF TRAINING

School Psychology involves the systematic study of the effects of social and psychological variables on students achievement and behavior for the purposes of a) aiding in decision making regarding academic intervention, b) preventing and intervening with academic, behavioral, and emotional problems, and c) advancing the field. Training is based on the scientist-practitioner tradition. Scientific knowledge enables psychologists to have confidence and skill in their practice of School Psychology and in their research. Thus, training requires the development of increasingly complex skills initially through lectures, discussion, modeling, and practice under supervision in the classroom. Later training involves practice under supervision in the field, use of self-monitoring, and evaluation of outcomes to plan future action. The ability to consider multiple factors that may affect learning and behavior is critical including student characteristics, classroom and instructional variables, and home support (i.e., an ecological approach to assessment, intervention, prevention, and research). Training includes various theoretical orientations such as learning theory, cognitive psychology, and systems/ecological approaches as well as providing a strong background in the foundation areas of the science. Data-based decision making is strongly emphasized along with ethical decision making and accountability. Finally, the program is committed to fostering in its students sensitivity to, appreciation for, and understanding of diversity.

TRAINING GOALS

Consistent with its training model and philosophy the School Psychology Specialist Program seeks to prepare:

- psychologists who employ a systematic approach to problem solving, engage in practice based on the application of scientific knowledge, and who view data collection and analysis as an integral part of the service delivery process.
- psychologists who view intervention as the core of service delivery and who can apply knowledge of assessment, instruction, learning, behavioral theory, human development, psychotherapeutic techniques, and positive mental health practices to prevent or remediate learning and adjustment problems among children and adolescents.
- psychologists who are knowledgeable of professional ethics; who use ethical reasoning skills to anticipate and prevent problems from arising; and who make informed, well-reasoned choices in resolving problems when they do occur.

- psychologists who respect the dignity and worth of all persons, who are committed to fairness and nondiscrimination, and who work to ensure school policies and practices are consistent with the values of fairness and nondiscrimination.
- psychologists who are knowledgeable of family, schools, and community systems; who are skilled in systems level consultation; and who use the science of psychology to promote human welfare in the provision of systems level consultation.

These broad training goals encompass each of the domains for training and practice identified in the National Association of School Psychologist's 2009 training standards. The domains, specific objectives, and corresponding coursework are shown in **Appendix D**.

HISTORICAL PERSPECTIVES

Prior to the 1950s, there were few school psychologists in the public schools. School psychologists employed prior to 1950 typically worked as psychological examiners. Their primary role was to administer psychological tests to identify children who needed special education class placements and those not eligible for public school attendance because of their disabilities.

In the 1950s, developments in the field of psychology gave impetus to the growth of the discipline of School Psychology. As a result of the work of Freud, Adler, and others, there was increased recognition of the importance of the childhood years in contributing to the mental health of adults. This heightened awareness of the mental health needs of children along with increasing school enrollments created a new demand for psychologists in the schools. In the 1950s, school psychologists began to function as both psychological examiners and mental health consultants to the schools.

In 1954, the American Psychological Association (APA) sponsored a conference to explore the roles, qualifications and training of school psychologists. The "*Thayer Conference*" was organized in recognition of the shortage of well-trained psychologists to work in the schools. The "*Thayer Conference*" marked the emergence of School Psychology as a unique discipline devoted to the application of psychological knowledge to the problems of schools and school children.

In the 1960s and 1970s, developments in the field of special education gave further impetus to the growth of School Psychology. Court cases filed on behalf of children with disabilities determined that all children have a right to a public education, no matter how severe their disabilities. Congress passed the *Education of All Handicapped Children Act* in 1975 (P.L. 94-142). This law provided funds to states to ensure a free and appropriate education to all children with disabilities. As a result of this law, subsequent amendments, and civil rights legislation, each state must develop a plan to assure that every child with disabilities receives special education and related services that conforms with an individualized education program. Children must be assessed on the basis of non-discriminatory testing and evaluation procedures, and provided an individualized education program in the least restrictive (most normal) setting feasible. School psychologists are an important member of the multidisciplinary team involved in assessment and program planning to assure that all children receive an appropriate education.

Listed below are some of the current job roles and responsibilities of school psychologists. University programs have become oriented toward the training of school psychologists who can effectively assume a broad range of professional roles to serve the needs of all children.

1. Consultation with school personnel, parents, and outside agencies.
2. Counseling and therapeutic intervention with pupils and crisis intervention in the schools.
3. Comprehensive diagnostic evaluations.
4. Interpretation of psychological and diagnostic data to school personnel and parents in a meaningful manner.
5. Educational prescription.
6. Educational program development.
7. Prevention of learning and mental health problems.

The School Psychology Program at CMU began in 1965, and at that time was the only program that offered the specialist degree (at that time the highest degree offered by the University). We have had hundreds of students graduate from the Specialist Program, and our graduates span the continent.

In the late 1970s, planning began for the doctoral program. The first student graduated in 1986. In 1998, the doctoral program degree offering was changed from a Psy.D. to a Ph.D. Our doctoral graduates are working as school psychologists in a variety of settings including hospitals, public schools, and universities.

In recent years, a number of educational reforms have gained momentum in the public schools. Current special education law emphasizes the provision of early intervention services. These services are targeted to those pupils who need additional academic and behavior support to succeed in the general education environment. The goal is to provide assistance to children before their problems become severe. Current law also requires school psychologists to assist in planning *scientific, research-based interventions* for students who are struggling academically or behaviorally. The terms scientific, research-based interventions have two somewhat different (but not incompatible) meanings. First, intervention planning should be based on a scientific problem-solving process that involves problem identification and clarification, generating solutions, and measuring outcomes. Critical features of this process include explicit definition of problem behaviors and goals, application of empirically validated principles of instructional design and behavior change, monitoring progress with formative evaluation, and subsequent decisions based on information from treatment results. Second, when selecting interventions, preference should be given to interventions described in the peer-reviewed professional literature and found effective. This reliance on applied learning sciences in planning and making treatment choices is consistent with the CMU's scientist-practitioner training model.

Public school education and the field of School Psychology will continue to change. CMU is committed to providing up-to-date training to ensure the provision of quality school psychological services to schools and school children. CMU program faculty are committed to providing continuing education opportunities to practicing school psychologists so that they can keep abreast of changes in the field and continually up-grade their professional skills.

STUDENT PROGRESS TIMELINES

Students should consult the *Graduate Bulletin* for official University policies and timelines. The College of Graduate Studies also publishes a *Graduate School Handbook* that provides more detailed information regarding policies and procedures. It is the student's responsibility to ensure that each of the required steps towards degree completion is completed in a timely manner. The College of Graduate Studies Office is located in Foust Hall 100. The bulletin and handbook can be viewed online at www.grad.cmich.edu.

Sequencing of Specialist Milestone Events

First Year	Complete coursework and complete authorization of degree form
	Select thesis topic and chair
December & May	Receive formal feedback on progress
	Defend thesis proposal
May	Select practicum (790-791) site*
	FBI check*
Second Year	Complete coursework
Fall Semester	Implement thesis
February	Register for PRAXIS II*
April	Complete Michigan Preliminary Certificate Forms *
	Take PRAXIS II*
May	Submit authorization of degree form
	Apply, interview, & obtain internship*
	Receive formal feedback on progress
Third Year	Complete internship*
	Defend thesis*
	Petition for graduation*
May	Receive formal feedback on progress

* Additional fees required

REQUIRMENTS FOR THE SPECIALIST DEGREE

SPECIALIST PROGRAM IN SCHOOL PSYCHOLOGY

The Specialist Program is a three year, full-time, 70-hour graduate program, designed specifically to meet NASP/NCATE accreditation standards, leading to the Master of Arts degree in Psychology and the Specialist degree in Psychological Services. The third year is a full-time internship. Students complete coursework that prepares them to be knowledgeable in the following core content areas: psychological and educational foundations, research methods, psychological and educational assessment, intervention strategies, and professional School Psychology.

Although this is a three year graduate degree, applications will be accepted from students who already have taken graduate work, including the master's degree, at Central Michigan University or at other approved institutions. Credit will be given for such work in accordance with university regulations, provided it is consistent with the School Psychology curriculum. A maximum of 15 semester hours may be transferred as a credit toward the master's degree and a maximum of 12 semester hours may be transferred as a credit toward the specialist degree.

On a specialist's degree program, a maximum of 12 semester hours beyond the master's degree may be transferred if the master's degree was earned at CMU. If the master's degree was earned elsewhere, eight semester hours beyond the master's degree is the maximum which may be transferred.

The Specialist Program does not accept part-time students. Students are required to engage in full-time study. This program meets the Michigan requirements for certification as a school psychologist as defined by the State Board of Education.

SCHOOL SPECIALIST PSYCHOLOGY COURSES

The Specialist Program emphasizes diagnostic, intervention, and consultation skills relating to the application of behavioral science to school systems.

The Master of Arts degree and the Specialist in Psychological Services degree in School Psychology are awarded concurrently. Central Michigan University does not offer a terminal master's degree program in School Psychology. The required courses for the master's degree in School Psychology, totaling 34 hours, are as follows:

PSY 511	Statistics in Psychology (3)
605	Assessment of Affective & Behavioral Disorders for Children & Youth (3)
655	Introduction to Intelligence Testing (2)
656	Advanced Intellectual Assessment (2)
667	Assessment and Development of Academic Skills I (3)
767	Assessment and Intervention for Developmental Disabilities (3)
798	Thesis (6)

Foundation Courses

Social Basis of Behavior:

SPE 550 Teaching Culturally Diverse Students (3)

Human Development:

PSY 682 Psychology of Child Development (3)

Cognitive Basis of Behavior:

PSY 680 Learning (3)

Biological Basis of Behavior:

PSY 587 Physiological Psychology (3)

NOTE: Course substitutions can be made with the approval of the student's advisor and the Program Director. Students must complete a minimum of 22 credit hours at the 600 level or above for the, that is, a maximum of 12 credits at the 500 level may be counted towards master's degree requirements.

Additional required courses for the specialist degree, totaling 36 hours, are as follows:

PSY 562	Therapeutic Intervention: Foundations (3)
780	Behavior Therapy (3)
662	Advanced Therapeutic Interventions (3)
677	Assessment and Development of Academic Skills II (3)
760	Seminar: School Services (3)
766	Seminar: Consultation Skills (3)
790	Practicum IA: Professional Services (3)
791	Practicum IB: Professional Services (3)
795	Internship in School Psychology A (3)
796	Internship in School Psychology B (3)

An additional 6 credits of electives are chosen with approval of the student's advisor.

Students must complete a minimum of 26 credit hours at the 600 level or above for the specialist degree, that is, a maximum of 10 credits at the 500 level may be counted towards the specialist degree requirements.

Progress through the program is based on satisfactory grades (a grade point average of "B" or better overall), a "B" or better in the following courses PSY 605, 655, 656, 667, 767, 780, 562, 662, 677, 760, 766, 790, 791, 795 and 796 and satisfactory evaluations of pre-professional functioning (e.g., appropriate interpersonal skills, ethical and professional conduct). Serious and persistent difficulties in pre-professional functioning may result in dismissal from the program. A student must have an approved thesis proposal prior to admission to PSY 795.

At the master's degree level, a thesis and oral exam over the thesis are required. At the specialist degree level, the student must demonstrate professional competencies in working with students, parents, and school personnel. This requirement will be met by the student's satisfactory completion of a supervised internship (PSY 795, Internship A; PSY 796, Internship B).

Typical Sequence of Courses (Specialist Level)

First Year		
Fall Semester	Spring Semester	Summer Semesters
PSY 655 PSY 667 PSY 760 Foundation Course	PSY 605 PSY 656 PSY 677 PSY 767	PSY 798 Foundation Course Foundation Course
Second Year		
Fall Semester	Spring Semester	Summer Semester
PSY 511 PSY 562 PSY 780 PSY 790 PSY 798	PSY 662 PSY 766 PSY 791 Elective	Elective (or Fall of third year)
Third Year		
Fall Semester	Spring Semester	
PSY 795 Elective (if not taken previously)	PSY 796	

NOTE: Sequence sometimes is affected by faculty sabbaticals.

WAIVING COURSES

Courses can be waived based on the completion of previous graduate work in psychology. The waiving of courses requires the approval of the Program Director and current course instructor.

PROGRESS THROUGH THE PROGRAM

Students are expected to complete the Specialist Program in three successive years. If for some reason a student elects not to do this, he or she must notify the Program Director in writing. The student must advise the director in writing on or before April 1st (i.e., April 1st before the next fall semester) of his/her intent to register for the practicum or internship during the next academic year.

ACADEMIC ADVISORS

Upon admission, the Coordinator of Admissions temporarily serves as faculty advisor. Once a student has selected a master's thesis chairperson, that person will serve as the student's academic advisor for the rest of that student's enrollment in the program. Each student is encouraged to schedule periodic meetings with his/her advisor. A student may change advisors by submitting a written request to the Program Director.

REGISTRATION FOR CLASSES

Students are encouraged to register for classes during Phase I registration to ensure course requests can be honored. The Psychology Department has no obligation to honor course requests when students fail to pre-register and classes are full. When enrolled in the program, students must have, and use, an activated CMU email address.

CONDITIONAL ADMISSION INTO THE PROGRAM

Students who have not met criteria in certain subject areas may be granted "conditional admission" to the program. Students are expected to make up identified deficiencies in addition to completing the normally prescribed graduate coursework for their degree. Upon completion of all deficiencies, students may apply for regular admission.

ENGLISH LANGUAGE PROFICIENCY

CMU welcomes students from a wide variety of backgrounds. School Psychology students take several courses in the program that require work with school children. If an instructor believes that children may have difficulty understanding a student's spoken English, the student will be referred to CMU's English Language Institute (ELI) for evaluation of his or her spoken English. ELI staff are trained to assess spoken English and may recommend coursework or attendance at an accent reduction clinic. Similarly, if problems are identified in the area of written English, a referral to ELI for assessment and remediation may be made. If students have concerns about their proficiency in English, they are welcome to contact ELI on their own for assistance. The phone number is (989) 774-2567.

FINANCIAL SUPPORT

The *Graduate Bulletin* provides a description of financial aid opportunities for graduate students. You may also obtain information on financial aid from the CMU Scholarships & Financial Aid Office.

ACADEMIC INTEGRITY POLICY

Because academic integrity and ethical behavior are vital to an academic environment and to the development of qualified psychologists, graduate students are responsible for learning and upholding professional standards of research, writing, assessment, and ethics in psychology. In the academic community, the high value placed on truth implies a corresponding intolerance of scholastic dishonesty. Written or other work which a student submits must be the product of his/her own efforts and must be consistent with appropriate standards of professional ethics. Academic dishonesty, which includes plagiarism, cheating and other forms of dishonest behavior, is prohibited. Ethical standards, as articulated in the standards of the American Psychological Association and American Psychological Society, must be observed by all graduate students. Allegations of academic dishonesty or unethical behavior will be handled according to the policies given here. Appeals of decisions are processed according to the policies set forth in the "Academic Integrity Policy for Graduate Students," which is published in the *Graduate Bulletin*. Any appeal decision reached pursuant to this section shall be final and not subject to further review.

Although no specific timelines are included in this policy, it is understood that matters should be handled expeditiously.

1. In cases where an instructor, supervisor, or fellow student believes a student has demonstrated academic dishonesty or professionally unethical behavior, the instructor, supervisor, or fellow student should report the incident to the Program Director.
2. The Program Director will discuss the allegation(s) with the person(s) making them. If the Program Director believes that there is evidence to support the allegations(s), the Director will notify the student of the charges, in writing.
3. In the letter to the student, (s)he will be told the allegation(s) and told that the program faculty will be asked to review the allegation(s), look at the evidence, and determine what, if any, sanctions should be issued. The student will be offered the opportunity to admit to the violations, remain silent, meet with the committee to share his/her perceptions of the incident, or submit a written rebuttal to the charges. The student will be given a response deadline, at least two weeks in the future.
4. The program faculty will review allegation(s) of academic dishonesty or unethical behavior. In any case where a member of the program faculty made the original allegation(s), the faculty member will be excluded from judging the particular case.
5. If the student elects to meet with the committee to present his/her version of the events under investigation, the student may bring another person (i.e., an advocate) to the meeting to provide support and advice.
6. The faculty's decision on culpability and appropriate sanctions will be communicated in writing to the student. If the student is found not culpable or if sanctions, other than dismissal or suspension from the program, are issued, this will be communicated in writing to the departmental Chairperson.
7. If the sanction is dismissal or suspension from the program, the sanction will be communicated through the department Chairperson to the Dean of the College of Graduate Studies who will communicate the decision to the student. This decision shall be final and is not subject to further review.
8. If sanctions are issued, committee records will be retained for at least one year.

STUDENT GRIEVANCES

A specific procedure exists for grade grievances. The procedure is outlined in the *Graduate Bulletin*. Other complaints and grievances may be directed to the Program Director. However, students are encouraged as a first step to deal directly with the faculty member involved. If a satisfactory solution is not achieved by the Program Director or faculty, the matter may be referred to the Department Chairperson by the student and/or the Program Director.

FIELD EXPERIENCES

Specialist Level Practicum and Internship Experiences

A 600-hour supervised practicum in a school setting is required during the second year of the program. This amounts to 6 semester hours of credit (Psy 790-791). In addition, a full year (1200 hour) supervised internship in a school setting is required during the third year. The internship is 6 semester credit hours (Psy 795-796). The goal of these formal field experiences is to provide both a laboratory for the application of coursework as well as an orientation to educational institutions and services. In addition, during the third year internship, students learn to self-assess their professional competencies, and plan learning experiences for continued professional growth.

Students are required to keep a weekly log of their practicum and internship experiences. These logs are to be turned in to the university field supervisor. (**Appendix H**).

Psychology 790-791. The School Psychology practicum experience (790-791) involves two-days a week in the public schools. In addition to the 600 hours in the school setting, the practicum includes a 3-hour seminar each week. Also, one hour of supervision each week on an individual basis is provided by the faculty supervisor. Sites for Psy 790-791 are selected by university faculty members who are responsible for supervision. Sites are chosen that are relatively close to campus, where supervision can be provided by a certified school psychologist, and the field experience will afford the student opportunities to develop the professional skills outlined in CMU's list of desired student competencies (**Appendix D**).

Evaluation of student performance is based in part on the attached competencies (**Appendices D, E, & F**). These forms are reviewed with the student by the field supervisor and the university supervisor at least once each semester. Successful completion of Psy 790-791 satisfies the field experience requirement for a Preliminary School Psychology Certificate in Michigan. Psy 790-791 does not satisfy the field experience requirement for a State of Michigan limited license as a psychologist.

Psychology 795-796. As noted previously, the specialist level internship experience (Psy 795-796) is a full year; full-time (1200 clock hours) supervised experience that occurs in the last year of formal training. The internship experience is seen as more intensive and varied than the second year practicum.

Internships sites are selected jointly by the student and the program faculty internship coordinator. Sites must have appropriate supervision available and be willing to sign a contract with CMU identifying level of on-site supervision and the availability of appropriate activities/experiences. Students entering the third year of the program typically qualify for the Preliminary School Psychologist Certificate. Consequently, they are eligible for employment as an entering school psychologist, and may be able to combine an employed position with their internship experience. The internship site must be approved by the Psy 795 faculty supervisor. **NOTE:** The internship must be completed under the supervision of an on-site certified school psychologist and training experiences provided or the internship will not be approved. Students are encouraged to locate a site that provides a balanced exposure to general and special education programs.

For the Psy 795-796 internship experience, students are required to prepare a written plan outlining their learning objectives for the year and describe appropriate experiences for the achievement of those objectives. In setting goals for professional growth, students are encouraged to seek feedback from colleagues, supervisors, teachers, and/or parents about their professional performance (**Appendix G**). Student evaluation is based on the student's self-assessment of performance, faculty evaluation of work samples, feedback obtained during faculty site visits, and two performance appraisals completed by the on-site supervisor who best knows the intern's work (**Appendix G**). Successful completion of Psy 795-796 satisfies the field experience requirement for the School Psychology Certificate.

Please see read **Appendix I** for information and the Policy on Bloodborne Pathogens for your practicum and internship experience.

MALPRACTICE INSURANCE

The Affiliation Agreement entered into between the Psychology Department, School Psychology Program and field-based experience sites (practica, internship) contains the following provision (The Parties Mutually agree on section):

- ▶ Both parties agree to maintain Comprehensive General Liability Insurance or its equivalent which covers employees and students whenever the liability might exist.
- ▶ Coverage from the University does not include malpractice insurance against suits stemming from the field experience because supervision from CMU faculty is not provided on a day-to-day basis. If malpractice insurance is not provided by the site for the student, we strongly recommend purchase of such insurance.
- ▶ Malpractice insurance can be obtained from the (APA) American Psychological Association (must be a student member of APA) or (NASP) National Association of School Psychologists (must be a student member of a professional organization). See your advisor or Program Director for more information.

SECURITY OF CLIENT INFORMATION STORED ELECTRONICALLY

School Psychology students are ethically and legally obligated to safeguard the confidentiality of client information, including information stored on a memory stick, flash drive, CD, floppy disk, or a hard drive, and to safeguard the security of private information transmitted electronically. For this reason, students are required to password protect any and all files containing client information. If files are to be shared with field or university supervisors and program secretary, please make sure they are informed of your password.

THESIS

Specialist degree students are required to complete a master's thesis, and pass an oral exam over the thesis (Psy 798). Specialist students should have an approved master's thesis proposal on file before May of the second year of the program. According to the College of Graduate Studies guidelines "a student may not enroll for more than three credits of the thesis until the project prospectus has been approved at the department level." It is expected students will complete the thesis by May of their third year in the program.

Options for the thesis include: traditional research investigations, original theoretical formulations, demonstration projects, behavior change in a community setting, program evaluation projects, reviews and analyses of professional problems and issues, complex case study presentations using single-subject research designs, development and evaluations of a new assessment or intervention technique, or synthesis of a body of knowledge. Other innovative topics may be generated by students. A common theme to all projects, however, would be scholarly competence in research methodology.

The thesis committee is composed of a minimum of three faculty members from the graduate faculty at Central Michigan University. They are responsible for acceptance of the final document. Most regular faculty in the Psychology Department are members of the graduate faculty. However, a student might wish to have a school psychologist from their internship or job site serve on their thesis committee. In such cases, on request, the Psychology Department can grant (subject to approval by the Dean of the Graduate College) temporary graduate faculty standing for individuals who meet membership requirements for the purpose of serving on a thesis or dissertation. (See the Program Director for details regarding membership requirements).

For the master's thesis, at least two committee members (typically one will be the committee chairperson) must be a School Psychology Program faculty member, who hold full, regular or associate graduate faculty status. And at least one committee member must be from a Psychology Department unit other than School Psychology, or from a different Department. This third person must have graduate faculty status.

Students are expected to confer with faculty members about their ideas for a thesis before developing a prospectus. The student is responsible for obtaining a chair and members of the committee for the thesis. University procedures for thesis preparation are described in the Guidelines for the Preparation of Theses and Dissertations available from the College of Graduate Studies website at www.grad.cmich.edu. The following general steps are usually followed:

1. Student generates an idea and discusses it with a faculty member who is interested and/or knowledgeable in that area.
2. Student obtains a chair and committee members. If a student changes his/her thesis chair or committee membership during the development phase, it is expected that the student will notify all affected faculty of the changes in committee membership. If the chair is not a member of the School Psychology faculty, the student must petition the Program Director for approval of the chair.
3. Student writes a prospectus for committee approval. The prospectus includes the following topics:
 - a. Introduction to the problem (a case is made for the importance of the area of study)
 - b. Review of the literature.
 - c. Statement of the problem.
 - d. Method (as appropriate)
 - (1) Sample
 - (2) Instrumentation
 - (3) Procedures
 - (4) Statistical Analysis
4. Student gives the committee members at least 10-14 days to read the proposal.
5. Student convenes the committee to discuss, fine tune, and approve/disapprove the idea.

6. Thesis Prospectus Form is signed by committee members and filed with the Graduate Office and department. If needed, approval from CMU's Institutional Review Board (IRB) is obtained for research involving human subjects. Forms are available on the webpage and from the Program secretary. A copy of IRB approval must accompany this form. IRB forms available at www.orsp.cmich.edu.
7. Thesis is implemented.
8. Student and chair schedule oral defense of project.
9. Students obtain a Plan A Sign-off form from the program secretary prior to the oral exams. If the project is successfully defended, committee members sign the form. The form is then returned to the Program secretary.
10. The Committee Chair clears the "Z" (deferred grade) for thesis credits.
11. The final, signed, original manuscript must be submitted to the College of Graduate Studies by the deadline published by the College of Graduate College, usually approximately six weeks prior to commencement.
12. Students are expected to provide the committee chairperson with a bound copy of the thesis.
13. Please note that there are fee's related to your thesis. Please see the following website for information: Guidelines for the Preparation of Theses and Dissertations at www.grad.cmich.edu.

FINANCIAL SUPPORT FOR THESIS

Anne Miller-Quimper Award: Established in 1991 by family and friends in memory of Anne Miller-Quimper (1940-1980) for graduate students to support thesis or dissertation research. See Dr. Sharon Bradley-Johnson for information, Sloan 232.

Graduate Student Research grants are available and are awarded through the College of Graduate Studies, forms are available online at [CMU College of Graduate Studies](http://www.grad.cmich.edu).

PRAXIS II SCHOOL PSYCHOLOGIST SPECIALIST EXAM

All specialist students are required to take the PRAXIS II School Psychologist Specialist Exam in April of their second year in the program. This exam is offered by the Educational Testing Service (ETS) and may be taken at the Center for Learning Assessment Services on campus. Students should register for the exam before the end of February of their second year. To register online, go to <http://ets.org> and look for Praxis II. Information about test content is available at the ETS website.

Students who achieve a passing score on the PRAXIS School Psychology Specialist Exam will be eligible to become a Nationally Certified School Psychologist (NCSP) after completion of their degree program and one year successful work experience. We use PRAXIS scores for program evaluation and accreditation purposes only; no student is penalized in any way for failure to pass the exam. Students are required to report their scores to the School Psychology Program secretary; individual student scores are not reviewed by faculty.

STUDENT PORTFOLIO AND REQUIRED INTERVENTION/SERVICES OUTCOME SUMMARIES

Many School Psychology students create a "showcase" portfolio to share as part of the job interview process. The portfolio includes a vita and work samples along with documentation of special accomplishments. For example, the portfolio might include a student's best work in the following areas: psychological report writing, academic intervention, behavioral intervention, counseling, consultation to parents/families, and consultative services. Students also might include the abstract of their thesis or prospectus, articles they wrote or slide-notes of presentations made, certificates of workshop attendance, and documentation of any special recognition received.

We are encouraging specialist students to create a portfolio for themselves, and requiring all students to submit to us work samples from their portfolio documenting success in providing services that result in positive outcomes. We will be using the outcome summaries to evaluate the effectiveness of our training across various domains and for accreditation purposes. For these reasons, we require specialist students to submit four outcomes summary sheets and supporting documentation before the end of their second year of coursework. These summary sheets will be based on work done in Psy 766, 780, 662, 790, 791, or other courses. Specialist students also will be asked to submit two additional outcome summary sheets during their third year (Psy 795-796). Additional information and outcome summary instructions are provided in **Appendix I**.

For program evaluation purposes, faculty will evaluate the outcome summaries each spring to determine whether students demonstrated the ability to plan and implement an evidence-based effective intervention in each of the following domains: academic skills intervention, problem behavior intervention, counseling intervention, and consultative intervention, family/parent consultation. Faculty will also evaluate evidence that students contribute to school programs that promote the mental and physical well-being of students.

SATISFACTORY PROGRESS - DISMISSAL

All students are required to show satisfactory progress through their programs. Failure to maintain satisfactory progress will result in dismissal from the program.

For the specialist program, satisfactory progress is defined as:

1. Achieving program requirements on a timely basis, successfully completing all coursework and having an approved thesis prospectus before beginning the internship (Psy 795-796).
2. Earning a grade of B or better in each of the assessment courses and in 791.
3. Specialist students are expected to complete both the master's and specialist degrees within five years of admission to the program.

Additional requirements are described in the *Graduate Bulletin* under **Academic and Retention Standards** and below in the Student Review Policy.

STUDENT REVIEW POLICY

The *Graduate Bulletin* for the College of Graduate Studies discusses the Academic and Retention Standards for all graduate programs. This policy authorizes specific departmental requirements and particularly recognizes the special responsibilities of clinical programs. The following policy provides detailed information about the expectations and review procedures for students pursuing graduate degrees in School Psychology.

Because of the nature of School Psychology work, the evaluation process associated with training relies not only on academic proficiency as a gauge of competence, but ethical behavior¹, good judgment, and other personal and professional factors associated with clinical work. The latter includes positive interactions with clients and peers, the ability to cope with work demands, and the ability to utilize supervision effectively. These ordinarily involve judgments by the student's supervisors and instructors.

PROCEDURES

A. Scheduling

A formal review of students is scheduled at least once each semester of the first year of the program and involves the School Psychology Program faculty who have taught courses to enrolled students. The review takes place at the end of each semester. It focuses on general preparation and suitability for responsibilities in practicum. The review instrument is included in **Appendix C**.

Further reviews are scheduled at least once during each of the remaining years of the program. An unscheduled review may occur whenever a faculty member is concerned about a student's skill, ethical behavior or suitability (personal and professional factors associated with applied work).

A student may request a review of his or her own work at any time.

B. Program Faculty Actions

In this review, it is recognized that students experience a new situation in which responsible professional activity creates common problems in adjustment. The faculty in its review of first year students will ordinarily take no formal notice of minor difficulties and may, at its discretion, suggest to the advisor to discuss the student's functioning with the student. A decision to suspend or dismiss a student is recognized as an extraordinary action and is undertaken where, in the opinion of the faculty; there are indications of substantial difficulties in any of the areas outlined under "Student Review Policy-Introduction."

Following either a scheduled or unscheduled review, if, in the judgment of the majority of the full-time School Psychology Program faculty, the student's professional behavior or academic functioning indicates serious difficulties; one of the following actions will be taken:

1. Letter of advisement signed by the Director of the School Psychology Program.
2. Letter deferring practicum for a period of one year or more, and/or requiring other preparation, signed by the Director of the School Psychology Program.
3. Letter placing the student on probation.
4. Letter of intent, Chair writes a letter suspending the student from the program.
5. Letter of intent, Chair writes a letter dismissing the student from the program.

For 2, 3, 4, and 5 the student is asked to be present at a School Psychology faculty meeting prior to any decision. At this meeting, the student may present any relevant materials. The student may also be accompanied by another student, faculty member, or other person in presenting his/her position.

At any meeting between the program faculty and the student, the student will be informed of the faculty's concern and the reasons for it. The student will then be provided an opportunity to respond to these concerns and to tell his/her side of the story. After hearing whatever relevant information is available, the faculty will come to a decision based on the reasons and evidence presented at the meeting. If there is a decision to dismiss, or suspend the student, a letter of intent described in 4 or 5 will be forwarded to the Chair. In all instances, students will be informed of any faculty decision.

C. Appeals Procedure

If the student wishes to appeal any program faculty action, the student may ask the Psychology Department Chair to review the School Psychology faculty's recommendation within ten days of the student's receipt of the faculty decision described above. In any appeal taken pursuant to this section, the decision of the Department Chair shall be final and not subject to further review.

SCHOOL PSYCHOLOGY CERTIFICATION

School psychologists in Michigan are required to hold a valid Michigan **Preliminary School Psychologist Certificate** or a **School Psychologist Certificate** (section 1251 of Act No. 451 of the Public Acts of 1976, as amended, being 380.1251 of the Michigan Compiled Laws). A person employed under the Preliminary School Psychologist Certificate must have local supervision provided by a fully certificated school psychologist. Full rules for Michigan certification as a school psychologist are found at http://www.michigan.gov/mde/0,1607,7-140-6530_5683_14796-33247--,00.html.

¹Ethical behaviors are detailed in the APA's "Ethical Principles of Psychologists" (1992) and NASP's "Principles for Professional Ethics" (2000) (**Appendices A and B**).

Candidates for a Preliminary School Psychologist Certificate, Renewal of Preliminary School Psychologist Certificate or School Psychologist Certificate may request a review of their credentials by completing an application which on the [School Psychology website](#). Once the application is completed, please return it to the School Program secretary, Sloan 101D.

The Michigan Department of Education charges a fee for the School Psychologist Certificate. If recommended for certification, you will be billed by the Department of Education for the current certification fee (approximately \$160.00). Payment of the fee is a certificate requirement that must be met prior to the issuance of the Michigan Preliminary School Psychologist Certificate and the School Psychologist Certificate.

Applicants are advised that the State Board of Education may deny or revoke School Psychology certification for the following reasons: (a) Fraud, material misrepresentation, or concealment in the application for a certificate; (b) Conviction, as an adult, of an act of immoral conduct that involves a child or that contributes to the delinquency of a child or a felony that involves moral turpitude.

PRELIMINARY SCHOOL PSYCHOLOGY CERTIFICATE

What are the CMU requirements for the Preliminary Certificate?

Students must have successfully completed the following coursework (or equivalent) to be eligible for the preliminary school psychologist certificate: Psy 511 or 611, 562, 586 or 780, 605, 655, 656, 662, 667, 677, 760, 766, 767, 790, 791 and one course from each of the foundation areas (cognitive, social, developmental, physiological). Students do not need to have completed their thesis, internship or elective coursework to be eligible for the preliminary certificate.

When does the Preliminary Certificate Expire?

A preliminary school psychologist certificate is **valid for 3 years. It expires on June 30** of the expiration year indicated on the certificate. It is not necessary to re-apply for approval with each change in employer; the preliminary certificate follows the practitioner from one school setting to another.

How do I apply for the Preliminary Certificate?

To apply for the preliminary certificate, you may obtain the application from the School Psychology Program secretary, Sloan 101D or on the School Psychology website. The application and all supporting documentation are to be submitted to the School Psychology Program secretary. For the preliminary certificate, students must submit a completed application form that includes an "Experience Report Form for Preliminary School Psychologist Certification signed by the fully-certified school psychologist who supervised their Psy 790-791 practicum experience on site (not the university supervisor). Students also must include a copy of the school psychologist certificate of their supervising school psychologist.

Along with their application, students must submit official transcripts from universities other than CMU if courses necessary for the certificate were completed elsewhere. Students should not submit their application for certification until the grades for all necessary coursework appear on their transcripts. CMU transcripts will be obtained by the certification administrator. The application can be approved only if it is complete and the transcripts show satisfactory grades for all courses required for the preliminary certificate. A recommendation for certification is then made to the Michigan Department of Education.

SCHOOL PSYCHOLOGIST CERTIFICATE

What are the requirements for the School Psychologist Certificate?

An applicant for a school psychologist certificate must meet all of the following requirements: (1) Hold a valid Michigan Preliminary School Psychologist Certificate; (2) Possess a Specialist's Degree or its equivalent in School Psychology from an institution with an approved program; (3) have completed a minimum of 15 graduate semester hours in School Psychology, including an internship, in addition to the 45 semester hours required for the preliminary certificate; (4) in addition to the 600 clock hours required for the preliminary certificate, have successfully completed not less than a 600-clock-hour, supervised internship with school-age pupils in an approved

School Psychologist program, 300 clock hours of which shall be in a school setting under the supervision of a person who holds a Michigan School Psychologist Certificate; and (5) have completed 1 year of successful experience employed as a School Psychologist with direction from a fully certificated School Psychologist.

When does the School Psychology Certificate Expire?

A school psychologist certificate is valid for **5 years. It expires on June 30** of the expiration year indicated on the certificate. The renewal of a School Psychologist Certificate requires the completion of 6 semester hours of credit in an approved School Psychology Program or the equivalent in approved State Board continuing education units. All renewal credit must be completed after the date of issuance of the School Psychologist certificate and within the 5-calendar year period before applying for renewal.

CONTINUOUS REGISTRATION

Any on-campus student who has completed all academic coursework except the final project (Plan B project or internship, thesis, dissertation, doctoral project) must be enrolled in at least one CMU graduate credit hour each fall and spring semester until graduation (summer sessions as well if summer coursework is normally required in the program). The Continuing Registration for Final Research Project within the student's home department can fulfill this one credit hour requirement. If, after all academic coursework except the final project is completed, a student does not enroll each semester (and summer, where appropriate) until graduation, the student must enroll retroactively for each missed semester (and summer, where appropriate) once s/he returns to complete the project. A student can request a leave of absence by submitting a Leave of Absence Request form to the College of Graduate Studies; if approved, continuous registration will be waived during the approved leave period. Regardless of whether the student has a leave of absence, the student must still complete the degree within the time-to-degree limitations set forth under the degree requirements presented under **Duration of Admission Status** in the *Graduate Bulletin*.

Appendices

Appendix A

APA's "2002 Ethical Principles of Psychologists"

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A - E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality

rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy And Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those

portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of

demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pre-termination counseling and suggest alternative service providers as appropriate.

HISTORY AND EFFECTIVE DATE

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

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Ethics Office

750 First Street, NE • Washington, DC • 20002-4242

Phone: 202-336-5930 • TDD/TTY: 202-336-6123

Fax: 202-336-5997

Appendix B

2000 NASP - Principles for Professional Ethics

I. INTRODUCTION

The formal principles that elucidate the proper conduct of a professional school psychologist are known as *Ethics*. By virtue of joining the Association, each NASP member agrees to abide by the *Ethics*, acting in a manner that shows respect for human dignity and assures a high quality of professional service. Although ethical behavior is an individual responsibility, it is in the interest of an association to adopt and enforce a code of ethics. If done properly, members will be guided toward appropriate behavior, and public confidence in the profession will be enhanced. Additionally, a code of ethics should provide due process procedures to protect members from potential abuse of the code. The NASP *Principles for Professional Ethics* have been written to accomplish these goals.

The principles in this manual are based on the assumptions that: 1) school psychologists will act as advocates for their students/clients, and 2) at the very least, school psychologists will do no harm. These assumptions necessitate that school psychologists "speak up" for the needs and rights of their students/clients even at times when it may be difficult to do so. School psychologists also are constrained to provide only those services for which they have acquired an acknowledged level of experience, training, and competency. Beyond these basic premises, judgment is required to apply the ethical principles to the fluid and expanding interactions between school and community.

There are many different sources of advice for the proper way to behave; local policies, state laws, federal laws, credentialing standards, professional association position statements, and books that recommend "Best Practices" are just a few. Given one's employment situation and the array of recommendations, events may develop in which the ethical course of action is unclear.

The Association will seek to enforce the *Ethical Principles* with its members. NASP's *Guidelines for the Provision of School Psychological Services* are typically not enforced, although all members should work toward achieving the hallmarks of quality services delivery that are described therein. Similarly, "position statements" and "best practices" documents are not adjudicated. The guidance of the *Ethical Principles* is intentionally broad to make it more enduring than other documents that reflect short-term opinions about specific actions shaped by local events, popular trends, or recent developments in the field. The member must use judgment to infer the situation-specific rule from the general ethical principle. The lack of a specific reference to a particular action does not indicate permission or provide a defense against a charge of unethical practice. (For example, the document frequently refers to a school psychologist's relationships with a hypothetical student/client. Because school psychologists work in a wide variety of settings, there is no single term that neatly identifies the other individual in the professional relationship. Therefore, one should apply *Ethical Principles* in all professional situations, realizing that one is not released from responsibility simply because another individual is not strictly a student or a client.

The principles in this manual are organized into several sections as a result of editorial judgment. Therefore, principles discussed in one section may also apply to other sections. Every school psychologist, regardless of position (e.g. practitioner, researcher, university trainer, supervisor, state or federal consultant, administrator of psychological services) or setting (e.g. public or private school, community agency, hospital, university, private practice) should reflect upon the theme represented in each ethical principle to determine its application to her or his individual situation. For example, although a given principle may specifically discuss responsibilities towards "clients", the intent is that the standards would also apply to supervisees, trainees, and research participants. At times, the *Ethics* may require a higher standard of behavior than the prevailing policies and pertinent laws. Under such conditions, members should adhere to the *Ethics*. Ethical behavior may occasionally be forbidden by policy or law, in which case members are expected to declare their dilemma and work to bring the discrepant regulations into compliance with the *Ethics*. To obtain additional assistance in applying these principles to a particular setting, a school psychologist should consult with experienced school psychologists and seek advice from the National Association of School Psychologists or the State School Psychology Association.

Throughout the *Principles for Professional Ethics*, it is assumed that, depending on the role and setting of the school psychologist, the client could include children, parents, teachers and other school personnel, other professionals, trainees, or supervisees.

Procedural guidelines for filing an ethical complaint and the adjudication of ethical complaints are available from the NASP office or website (www.naspweb.org).

From: National Association of School Psychologist. (2000). *Professional Conduct Manual*. Bethesda, MD: Author.

II. PROFESSIONAL COMPETENCY

A. General

1. School psychologists recognize the strengths and limitations of their training and experience, engaging only in practices for which they are qualified. They enlist the assistance of other specialists in supervisory, consultative, or referral roles as appropriate in providing services. They must continually obtain additional training and education to provide the best possible services to children, families, schools, communities, trainees, and supervisees.

2. Competence levels, education, training and experience are declared and accurately represented to clients in a professional manner.

3. School psychologists do not use affiliations with persons, associations, or institutions to imply a level of professional competence which exceeds that which has actually been achieved.

4. School psychologists engage in continuing professional development. They remain current regarding developments in research, training, and professional practices that benefit children, families, and schools.

5. School psychologists refrain from any activity in which their personal problems or conflicts may interfere with professional effectiveness. Competent assistance is sought to alleviate conflicts in professional relationships.

6. School psychologists know the *Principles for Professional Ethics* and thoughtfully apply them to situations within their employment setting or practice. Ignorance or misapplication of an ethical principle is not a reasonable defense against a charge of unethical behavior.

III. PROFESSIONAL RELATIONSHIPS

A. General

1. School psychologists are committed to the application of their professional expertise for the purpose of promoting improvement in the quality of life for children, their families, and the school community. This objective is pursued in ways that protect the dignity and rights of those involved. School psychologists accept responsibility for the appropriateness of their professional practices.

2. School psychologists respect all persons and are sensitive to physical, mental, emotional, political, economic, social, cultural, ethnic, and racial characteristics, gender, sexual orientation, and religion.

3. School psychologists in all settings maintain professional relationships with children, parents, and the school community. Consequently, parents and children are to be fully informed about all relevant aspects of school psychological services in advance. The explanation should take into account language and cultural differences, cognitive capabilities, developmental level, and age so that it may be understood by the child, parent, or guardian.

4. School psychologists attempt to resolve situations in which there are divided or conflicting interests in a manner that is mutually beneficial and protects the rights of all parties involved.

5. School psychologists are responsible for the direction and nature of their personal loyalties or objectives. When these commitments may influence a professional relationship, school psychologists inform all concerned persons of relevant issues in advance, including, when applicable, their direct supervisor for consideration of reassignment of responsibilities.

6. School psychologists do not exploit clients through professional relationships or condone these actions in their colleagues. No individuals, including children, clients, employees, colleagues, trainees, parents, supervisees, and research participants, will be exposed to deliberate comments, gestures, or physical contacts of a sexual nature.

School psychologists do not harass or demean others based on personal characteristics. School psychologists do not engage in sexual relationships with their students, supervisees, trainees, or past or present clients.

7. Dual relationships with clients are avoided. Namely, personal and business relations with clients may cloud ones judgment. School psychologists are aware of these situations and avoid them whenever possible.

8. School psychologists attempt to resolve suspected detrimental or unethical practices on an informal level. If informal efforts are not productive, the appropriate professional organization is contacted for assistance, and procedures established for questioning ethical practice are followed.

- a. The filing of an ethical complaint is a serious matter. It is intended to improve the behavior of a colleague that is harmful to the profession and/or the public. Therefore, school psychologists make every effort to discuss the ethical principles with other professionals who may be in violation.
- b. School psychologists enter into the complaint process thoughtfully and with concern for the well-being of all parties involved. They do not file or encourage the filing of an ethics complaint that is frivolous or motivated by revenge.
- c. Some situations may be particularly difficult to analyze from an ethical perspective. School psychologists consult ethical standards from related fields and seek assistance from knowledgeable, experienced school psychologists and relevant state/national associations to ascertain an appropriate course of action.
- d. School psychologists document specific instances of suspected ethical violations (i.e., date, time, relevant details) as well as attempts to resolve these violations.

9. School psychologists respect the confidentiality of information obtained during their professional work. Information is revealed only with the informed consent of the child, or the child's parent or legal guardian, except in those situations in which failure to release information would result in clear danger to the child or others. Obsolete confidential information will be shredded or otherwise destroyed before placement in recycling bins or trash receptacles.

10. School psychologists discuss confidential information only for professional purposes and only with persons who have a legitimate need to know.

11. School psychologists inform children and other clients of the limits of confidentiality at the outset of establishing a professional relationship.

B. Students

1. School psychologists understand the intimate nature of consultation, assessment, and direct service. They engage only in professional practices that maintain the dignity and integrity of children and other clients.

2. School psychologists explain important aspects of their professional relationships in a clear, understandable manner that is appropriate to the child's or other clients age and ability to understand. The explanation includes the reason why services were requested, who will receive information about the services provided, and the possible outcomes.

3. When a child initiates services, school psychologists understand their obligation to respect the rights of a child to initiate, participate in, or discontinue services voluntarily (See III-C-2 for further clarification). When another party initiates services, the school psychologist will make every effort to secure voluntary participation of the child/student.

4. Recommendations for program changes or additional services will be discussed with appropriate individuals, including any alternatives which may be available.

C. Parents, Legal Guardians, and Appointed Surrogates

1. School psychologists explain all services to parents in a clear, understandable manner. They strive to propose a set of options that takes into account the values and capabilities of each parent. Service provision by interns, practicum students, or other trainees should be explained and agreed to in advance.

2. School psychologists recognize the importance of parental support and seek to obtain that by assuring that there is direct parent contact prior to seeing the child on an on-going basis. (Emergencies and drop-in self-referrals will require parental notification as soon as possible. The age and circumstances under which children may seek services without parental consent varies greatly; be certain to comply with III-D-5.) School psychologists secure continuing parental involvement by a frank and prompt reporting to the parent of findings and progress that conforms to the limits of previously determined confidentiality.

3. School psychologists encourage and promote parental participation in designing services provided to their children. When appropriate, this includes linking interventions between the school and the home, tailoring parental involvement to the skills of the family, and helping parents gain the skills needed to help their children.

4. School psychologists respect the wishes of parents who object to school psychological services and attempt to guide parents to alternative community resources.

5. School psychologists discuss with parents the recommendations and plans for assisting their children. The discussion includes alternatives associated with each set of plans, which show respect for the ethnic/cultural values of the family. The parents are informed of sources of help available at school and in the community.

6. School psychologists discuss the rights of parents and children regarding creation, modification, storage, and disposal of confidential materials that will result from the provision of school psychological services.

D. Community

1. School psychologists also are citizens, thereby accepting the same responsibilities and duties as any member of society. They are free to pursue individual interests, except to the degree that those interests compromise professional responsibilities.

2. School psychologists may act as individual citizens to bring about social change in a lawful manner. Individual actions should not be presented as, or suggestive of, representing the field of School Psychology or the Association.

3. As employees or employers, in public or independent practice, school psychologists do not engage in or condone practices that discriminate against children, other clients, or employees (if applicable) based on race, disability, age, gender, sexual orientation, religion, national origin, economic status, or native language.

4. School psychologists avoid any action that could violate or diminish the civil and legal rights of children and other clients.

5. School psychologists adhere to federal, state, and local laws and ordinances governing their practice and advocacy efforts. If regulations conflict with ethical guidelines, school psychologists seek to resolve such conflict through positive, respected, and legal channels, including advocacy efforts involving public policy.

E. Other Professionals

1. To best meet the needs of children and other clients, school psychologists cooperate with other professional disciplines in relationships based on mutual respect.

2. School psychologists recognize the competence of other professionals. They encourage and support the use of all resources to best serve the interests of children and other clients.

3. School psychologists should strive to explain their field and their professional competencies, including roles, assignments, and working relationships to other professionals.

4. School psychologists cooperate and coordinate with other professionals and agencies with the rights and needs of children and other clients in mind. If a child or other client is receiving similar services from another professional, school psychologists promote coordination of services.

5. The child or other client is referred to another professional for services when a condition or need is identified which is outside the professional competencies or scope of the school psychologist.

6. When transferring the intervention responsibility for a child or other client to another professional, school psychologists ensure that all relevant and appropriate individuals, including the child/client when appropriate, are notified of the change and reasons for the change.

7. When school psychologists suspect the existence of detrimental or unethical practices by a member of another profession, informal contact is made with that person to express the concern. If the situation cannot be resolved in this manner, the appropriate professional organization is contacted for assistance in determining the procedures established by that profession for examining the practices in question.

8. School psychologists who employ, supervise, or train other professionals, accept the obligation to provide continuing professional development. They also provide appropriate working conditions, fair and timely evaluation, and constructive consultation.

F. School Psychologist Trainees and Interns

1. School psychologists who supervise interns are responsible for all professional practices of the supervisees. They assure children and other clients and the profession that the intern is adequately supervised as designated by the practice guidelines and training standards for school psychologists.

2. School psychologists who conduct or administer training programs provide trainees and prospective trainees with accurate information regarding program sponsorships/endorsements/accreditation, goals/objectives, training processes and requirements, and likely outcomes and benefits.

3. School psychologists who are faculty members in colleges or universities or who supervise clinical or field placements apply these ethical principles in all work with School Psychology trainees. In addition, they promote the ethical practice of trainees by providing specific and comprehensive instruction, feedback, and mentoring.

4. School Psychology faculty members and clinical or field supervisors uphold recognized standards of the profession by providing training related to high quality, responsible, and research-based School Psychology services. They provide accurate and objective information in their teaching and training activities; identify any limitations in information; and acknowledge disconfirming data, alternative hypotheses, and explanation.

5. School Psychology faculty members and clinical or field supervisors develop and use evaluation practices for trainees that are objective, accurate, and fair.

IV. PROFESSIONAL PRACTICES - GENERAL PRINCIPLES

A. Advocacy

1. School psychologists typically serve multiple clients including children, parents, and systems. When the school psychologist is confronted with conflicts between client groups, the primary client is considered to be the child. When the child is not the primary client, the individual or group of individuals who sought the assistance of the school psychologist is the primary client.

2. School psychologists consider children and other clients to be their primary responsibility, acting as advocates for their rights and welfare. If conflicts of interest between clients are present, the school psychologist supports conclusions that are in the best interest of the child. When choosing a course of action, school psychologists take into account the rights of each individual involved and the duties of the school personnel.

3. School psychologists' concerns for protecting the rights and welfare of children are communicated to the school administration and staff as the top priority in determining services.

4. School psychologists understand the public policy process to assist them in their efforts to advocate for children, parents, and systems.

B. Service Delivery

1. School psychologists are knowledgeable of the organization, philosophy, goals, objectives, and methodologies of the setting in which they are employed.

2. School psychologists recognize that an understanding of the goals, processes and legal requirements of their particular workplace is essential for effective functioning within that setting.

3. School psychologists attempt to become integral members of the client service systems to which they are assigned. They establish clear roles for themselves within that system.

4. School psychologists who provide services to several different groups may encounter situations in which loyalties are conflicted. As much as possible, the stance of the school psychologist is made known in advance to all parties to prevent misunderstandings.

5. School psychologists promote changes in their employing agencies and community service systems that will benefit their clients.

C. Assessment and Intervention

1. School psychologists maintain the highest standard for educational and psychological assessment a direct and indirect interventions.

a. In conducting psychological, educational, or behavioral evaluations, or in providing therapy, counseling, or consultation services, due consideration is given to individual integrity and individual differences.

b. School psychologists respect differences in age, gender, sexual orientation, and socioeconomic, cultural, and ethnic backgrounds. They select and use appropriate assessment or treatment procedures, techniques, and strategies. Decision-making related to assessment and subsequent interventions is primarily data-based.

3. School psychologists use multiple assessment methods such as observations, background information, and information from other professionals, to reach comprehensive conclusions.

4. School psychologists use assessment techniques, counseling and therapy procedures, consultation techniques, and other direct and indirect service methods that the profession considers to be responsible, research-based practice.

5. School psychologists do not condone the use of psychological or educational assessment techniques, or the misuse of the information these techniques provide, by unqualified persons in any way, including teaching, sponsorship, or supervision.

6. School psychologists develop interventions that are appropriate to the presenting problems and are consistent with data collected. They modify or terminate the treatment plan when the data indicate the plan is not achieving the desired goals.

7. School psychologists develop interventions that are appropriate to the presenting problems and are consistent with data collected. They modify or terminate the treatment plan when the data indicate the plan is not achieving the desired goals.

D. Reporting Data and Conference Results

1. School psychologists ascertain that information about children and other clients reaches only authorized persons.
 - a. School psychologists adequately interpret information so that the recipient can better help the child or other clients.
 - b. School psychologists assist agency recipients to establish procedures to properly safeguard the confidential material.
2. School psychologists communicate findings and recommendations in language readily understood by the intended recipient. These communications describe potential consequences associated with the proposals.
3. School psychologists prepare written reports in such form and style that the recipient of the report will be able to assist the child or other clients. Reports should emphasize recommendations and interpretations; unedited computer-generated reports, pre-printed check-off or fill-in-the-blank reports, and reports that present only test scores or global statements regarding eligibility for special education without specific recommendations for intervention are seldom useful. Reports should include an appraisal of the degree of confidence that could be assigned to the information. Alterations of previously released reports should be done only by the original author.
4. School psychologists review all of their written documents for accuracy, signing them only when correct. Interns and practicum students are clearly identified as such, and their work is co-signed by the supervising school psychologist. In situations in which more than one professional participated in the data collection and reporting process, school psychologists assure that sources of data are clearly identified in the written report.
5. School psychologists comply with all laws, regulations and policies pertaining to the adequate storage and disposal of records to maintain appropriate confidentiality of information.

E. Use of Materials and Technology

1. School psychologists maintain test security, preventing the release of underlying principles and specific content that would undermine the use of the device. School psychologists are responsible for the security requirements specific to each instrument used.
2. School psychologists obtain written prior consent or they remove identifying data presented in public lectures or publications.
3. School psychologists do not promote or encourage inappropriate use of computer-generated test analyses or reports. In accordance with this principle, a school psychologist would not offer an unedited computer report as his or her own writing or use a computer scoring system for tests in which he or she has no training. They select scoring and interpretation services on the basis of accuracy and professional alignment with the underlying decision rules.
4. School psychologists maintain full responsibility for any technological services used. All ethical and legal principles regarding confidentiality, privacy, and responsibility for decisions apply to the school psychologist and cannot be transferred to equipment, software companies, or data processing departments.
5. Technological devices should be used to improve the quality of client services. School psychologists will resist applications of technology that ultimately reduce the quality of service.
6. To ensure confidentiality, student/client records are not transmitted electronically without a guarantee of privacy. In line with this principle, a receiving FAX machine must be in a secure location and operated by employees cleared to work with confidential files, and e-mail messages must be encrypted or else stripped of all information that identifies the student/client.
7. School psychologists do not accept any form of remuneration in exchange for data from their client data base without informed consent.

F. Research, Publication and Presentation

1. When designing and implementing research in schools, school psychologists choose topics and employ research methodology, subject selection techniques, data-gathering methods, and analysis and reporting techniques that are grounded in sound research practice. School psychologists clearly identify their level of training and graduate degree on all communications to research participants.

2. Prior to initiating research, school psychologists working in agencies without review committees should have at least one other colleague, preferably a school psychologist, review the proposed methods.

3. School psychologists follow all legal procedures when conducting research, including following procedures related to informed consent, confidentiality, privacy, protection from harm or risks, voluntary participation, and disclosure of results to participants. School psychologists demonstrate respect for the rights of and well-being of research participants.

4. In publishing reports of their research, school psychologists provide discussion of limitations of their data and acknowledge existence of disconfirming data, as well as alternate hypotheses and explanations of their findings.

5. School psychologists take particular care with information presented through various impersonal media (e.g., radio, television, public lectures, popular press articles, promotional materials). Recipients should be informed that the information does not result from or substitute for a professional consultation. The information should be based on research and experience within the school psychologist's recognized sphere of competence. The statements should be consistent with these ethical principles and should not mistakenly represent the field of School Psychology or the Association.

6. School psychologists uphold copyright laws in their publications and presentations and obtain permission from authors and copyright holders to reproduce other publications or materials. School psychologists recognize that federal law protects the rights of copyright holders of published works and authors of non-published materials.

7. When publishing or presenting research or other work, school psychologists do not plagiarize the works or ideas of others and acknowledge sources and assign credit to those whose ideas are reflected.

8. School psychologists do not publish or present fabricated or falsified data or results in their publications and presentations.

9. School psychologists make available data or other information upon which conclusions and claims reported in publication and presentations are based, provided that the data are needed to address a legitimate concern or need and that the confidentiality and other rights of all research participants are protected.

10. If errors are discovered after the publication or presentation of research and other information, school psychologists make efforts to correct errors by publishing errata, retractions, or corrections.

11. School psychologists accurately reflect the contributions of authors and other individuals in publications and presentations. Authorship credit and the order in which authors are listed are based on the relative contributions of the individual authors. Authorship credit is given only to individuals who have made substantial professional contributions to the research, publication, or presentation.

12. School psychologists only publish data or other information that make original contributions to the professional literature. School psychologists do not publish the same findings in two or more publications and do not duplicate significant portions of their own previous publications without permission of copyright holders.

13. School psychologists who participate in reviews of manuscripts, proposals, and other materials for consideration for publication and presentation respect the confidentiality and proprietary rights of the authors. School psychologists who review professional materials limit their use of the materials to the activities relevant to the purposes of the professional review. School psychologists who review professional materials do not communicate the identity of the author, quote from the materials, or duplicate or circulate copies of the materials without the authors permission.

V. PROFESSIONAL PRACTICE SETTINGS - INDEPENDENT PRACTICE

A. Relationship with Employers

1. Some school psychologists are employed in a variety of settings, organizational structures, and sectors, and as such, may create a conflict of interest. School psychologists operating in these different settings recognize the importance of ethical standards and the separation of roles and take full responsibility for protecting and completely informing the consumer of all potential concerns.
2. School psychologists dually employed in independent practice and in a school district may not accept any form of remuneration from clients who are entitled to the same service provided by the school district employing the school psychologist. This includes children who attend the non-public schools within the school psychologist=s district.
3. School psychologists in independent practice have an obligation to inform parents of any school psychological services available to them at no cost from the public or private schools prior to delivering such services for remuneration.
4. School psychologists working in both independent practice and employed by school districts conduct all independent practice outside of the hours of contracted public employment.
5. School psychologists engaged in independent practice do not use tests, materials, equipment, facilities, secretarial assistance, or other services belonging to the public sector employer unless approved in advance by the employer.

B. Service Delivery

1. School psychologists conclude a financial agreement in advance of service delivery.
 - a. School psychologists ensure to the best of their ability that the client clearly understands the agreement.
 - b. School psychologists neither given nor receive any remuneration for referring children and other clients for professional services.
2. School psychologists in independent practice adhere to the conditions of a contract until service there under has been performed, the contract has been terminated by mutual consent, or the contract has otherwise been legally terminated.
3. School psychologists in independent practice prevent misunderstandings resulting from their recommendations, advice, or information. Most often, direct consultation between the school psychologist in private practice and the school psychologist responsible for the student in the public sector will resolve minor differences of opinion without unnecessarily confusing the parents, yet keep the best interests of the student or client in mind.
4. Personal diagnosis and therapy are not given by means of public lectures, newspaper columns, magazine articles, radio and television programs, or mail. Any information shared through mass media activities is general in nature and is openly declared to be so.

C. Announcements/Advertising

1. Appropriate announcement of services, advertising and public media statements may be necessary for school psychologists in independent practice. Accurate representations of training, experience, services provided and affiliation are done in a restrained manner. Public statements must be based on sound and accepted theory, research, and practice.
2. Listings in telephone directories are limited to the following: name/names, highest relevant degree, state certification/licensure status, national certification status, address, telephone number, brief identification of major areas of practice, office hours, appropriate fee information, foreign languages spoken, policy regarding third party payments, and license number.

3. Announcements of services by school psychologists in independent/private practice are made in a formal, professional manner using the guidelines of V-C- 2. Clear statements of purposes with unequivocal descriptions of the experiences to be provided are given. Education, training, and experience of all staff members are appropriately specified.

4. School psychologists in independent practice may use brochures in the announcement of services. The brochures may be sent to other professionals, schools, business firms, governmental agencies, and other similar organizations.

5. Announcements and advertisements of the availability of publications, products, and services for sale are professional and factual.

6. School psychologists in independent practice do not directly solicit clients for individual diagnosis, therapy, and for the provision of other school psychological services.

7. School psychologists do not compensate in any manner a representative of the press, radio or television in return for personal professional publicity in a news item.

Appendix C Student Progress Report

Student's Name _____ Semester, Year _____

Name of Rater _____ Course _____

OK = No difficulty; **D** = difficulty; **NOE** = no opportunity to evaluate

If a **D** is circled please explain and include an example that occurred to demonstrate the difficulty. (Use the back of the last sheet of this report.)

I. Knowledge of academic materials:

- | | | | | |
|-----|--|---------|---------|--------|
| 1. | The student demonstrated that he/she learned the factual material in this course. | OK | D | NOE |
| 2. | The student demonstrated an understanding of concepts and principles in this field. | OK | D | NOE |
| 3. | The student demonstrated an ability to apply principles from this course to new situations. | OK | D | NOE |
| 4. | The student demonstrated an ability to identify main points and central issues in this course. | OK | D | NOE |
| 5. | The student demonstrated an ability to analyze and synthesize information. | OK | D | NOE |
| 6. | The student demonstrated an ability to evaluate new work in this field. | OK | D | NOE |
| 7. | The student initiated discussion of related topics outside of class. | OK | D | NOE |
| 8. | The student actively participated in class discussion. | OK | D | NOE |
| 9. | The student routinely meets established deadlines. | OK | D | NOE |
| 10. | The student is well organized. | OK | D | NOE |
| 11. | The student can objectively evaluate the quality of his/her own work. | OK | D | NOE |
| 12. | What is the student's current grade in your class? | A A- B+ | B B- C+ | C C- E |

II. Interpersonal Interactions:

- | | | | | |
|----|--|----|---|-----|
| 1. | This person appears comfortable in interpersonal settings. | OK | D | NOE |
|----|--|----|---|-----|

2.	The children enjoyed working with this person.	OK	D	NOE
3.	This person works effectively with others.	OK	D	NOE
4.	This person focuses on the strengths as opposed to the negative aspects of situations.	OK	D	NOE
5.	This person genuinely considers directions and suggestions from me.	OK	D	NOE
6.	This person is considerate of others (and is flexible in own) values and viewpoints.	OK	D	NOE
7.	This person is appropriately assertive.	OK	D	NOE
8.	This person sees events as controlled by himself-herself rather than by other variables such as “luck,” instructor grading too hard.	OK	D	NOE

III. Communication Skills:

1.	This person communicates clearly and in an organized manner.	OK	D	NOE
2.	This person maintains appropriate eye contact while talking or listening.	OK	D	NOE
3.	When talking to this person, I get enough time to talk about points I feel are important.	OK	D	NOE
4.	This person communicates openly, honestly, and in a direct manner.	OK	D	NOE

IV. Acceptance of Responsibility:

1.	Person performed assigned responsibilities competently.	OK	D	NOE
2.	This person was reliable in starting and completing assigned responsibilities.	OK	D	NOE
3.	This person makes appropriate and timely decisions while performing assigned responsibilities.	OK	D	NOE

V. Work Related Skills:

1.	When faced with problems, this person reacts in a rational as opposed to an emotional manner.	OK	D	NOE
2.	This person takes the time and care in forming recommendations as opposed to “shooting from	OK	D	NOE

	the hip” without getting all the facts.	OK	D	NOE
3.	This person puts in perspective the problems that arise in everyday educational work.			
4.	This person handles frustration well.	OK	D	NOE

Appendix D

Competency Evaluation Performance Review

Student Competency Evaluation Performance Review
(Rev. 7/06)

Name: _____
Year Entered: _____

** Objectives not met during Psy 790-791 will be met during internship (Psy 795-796).

2.1 Data-Based Decision-Making and Accountability: <i>School psychologists have knowledge of varied models and methods of assessment that yield information useful in identifying strengths and needs, in understanding problems, and in measuring progress and accomplishments. School psychologists use such models and methods as part of a systematic process to collect data and other information, translate assessment results into empirically-based decisions about service delivery, and evaluate the outcomes of services. Data-based decision-making permeates every aspect of professional practice.</i>				
	Year 1 Knowledge and Skills	Courses		
2.1.1.1	Accurately administers, scores, and interprets two tests of cognitive ability (IQ) tests for preschoolers (e.g., WPPSI; DAS).	Psy 655	Introduction to Intelligence Testing	
		Psy 656	Advanced Intellectual Assessment	
2.1.1.2	Accurately administers, scores, and interprets two tests of cognitive ability (IQ) tests for school-aged children (e.g., WISC; DAS, Stanford-Binet).	Psy 655	Introduction to Intelligence Testing	
		Psy 656	Advanced Intellectual Assessment	
2.1.1.3	Accurately administers, scores, and interprets two tests of cognitive ability (IQ) tests for adolescents/adults (e.g., WAIS; KAIT).	Psy 655	Introduction to Intelligence Testing	
		Psy 656	Advanced Intellectual Assessment	
2.1.1.4	Accurately administers, scores, and interprets two tests for infants/toddlers.	Psy 767	Assessment & Intervention Developmental Disabilities	
2.1.1.5	Accurately administers, scores, and interprets non-vocal test.	Psy 767	Assessment & Intervention Developmental Disabilities	
2.1.1.6	Accurately administers, scores, and interprets test for pupils with visual impairment	Psy 767	Assessment & Intervention Developmental Disabilities	
2.1.1.7	Accurately administers, scores, and interprets test for pupils with motor impairment	Psy 767	Assessment & Intervention Developmental Disabilities	
2.1.1.8	Accurately administers, scores, and interprets measures of social skills.	Psy 767	Assessment & Intervention Developmental Disabilities	
2.1.1.9	Accurately administers, scores, and interprets measures of adaptive behavior.	Psy 767	Assessment & Intervention Developmental Disabilities	
2.1.1.10	Accurately administers, scores, and interprets two norm-referenced general achievement tests.	Psy 667	Assessment & Development Academic Skills I	
2.1.1.11	Accurately administers, scores, and interprets two norm-referenced measures of reading skills.	Psy 667	Assessment & Development Academic Skills I	
2.1.1.12	Accurately administers, scores, and interprets one norm-referenced measure of mathematics skills.	Psy 667	Assessment & Development Academic Skills I	
2.1.1.13	Accurately administers, scores, and interprets one norm-referenced measure of oral language.	Psy 667	Assessment & Development Academic Skills I	
2.1.1.14	Accurately administers, scores, and interprets one norm-referenced measure of written expression.	Psy 667	Assessment & Development Academic Skills I	

2.1.1.15	Accurately administers, scores, and interprets criterion-referenced measures.	Psy 667	Assessment & Development Academic Skills I	
		Psy 677	Assessment & Development Academic Skills II	
2.1.1.16	Accurately administers, scores, and interprets a readiness test.	Psy 667	Assessment & Development Academic Skills I	
		Psy 677	Assessment & Development Academic Skills II	
2.1.1.17	Accurately administers, scores, graphs, and interprets curriculum-based measurement probes.	Psy 667	Assessment & Development Academic Skills I	
		Psy 677	Assessment & Development Academic Skills II	
2.1.1.18	Conducts and interprets narrative and systematic direct observations.	Psy 605	Assessment of Affective & Behavioral Disorders for Children & Youth	
2.1.1.19	Conducts and interprets functional behavior assessments.	Psy 605	Assessment of Affective & Behavioral Disorders for Children & Youth	
2.1.1.20	Knowledge of single subject designs, how they are used in a school setting, and how decision rules are used to make instructional changes.	Psy 677	Assessment & Development Academic Skills II	
Related	<i>Administers and interprets instruments for the assessment of externalizing and internalizing disorders.</i>	Psy 605	Assessment of Affective & Behavioral Disorders for Children & Youth 2.4.1.4	
Related	<i>Administers and interprets instruments for the assessment of externalizing and internalizing disorders.</i>	Psy 605	Assessment of Affective & Behavioral Disorders for Children & Youth 2.4.1.4	
	Year 2 Knowledge and Skills			
2.1.2.1	Critically evaluates published studies describing behavioral treatments and outcomes.	Psy 780	Behavior Therapy	
2.1.2.2	Uses data-based techniques to chart and monitor effectiveness of a behavioral intervention for an individual pupil. Uses formative evaluation to make appropriate changes to intervention.	Psy 780	Behavior Therapy	
2.1.2.3	Identifies measurable counseling goals and strategies for monitoring goal attainment.	Psy 662	Advanced Therapeutic Interventions	
**	Practicum (Psy 790-791) and Internship (Psy 795-796)			
2.1.3.1	Given a referral, uses ecological assessment approach that considers multiple factors that affect learning and behavior including classroom variables, teacher and instructional variables, and characteristics of the child, and support available from the home.			
2.1.3.2	Conducts effective problem identification interviews.			
2.1.3.3	Accurately collects and summarizes information relevant to a referral from school records.			
2.1.3.4	Selects tests and assessment procedures that are appropriate for the nature of the referral.			
2.1.3.5	Selects tests and assessment procedures that are appropriate for the pupil in light of his or her age, ethnicity, disabilities, and native language.			

2.1.3.6	Selects tests and assessment procedures that meet high professional standards for reliability and have empirically demonstrated validity for the purpose used.			
2.1.3.7	Uses systematic direct observation procedures to record, graph, and analyze data to determine environmental variable affecting problem behavior.			
2.1.3.8	Obtains information regarding the relationship between environmental events and problem behavior using functional behavior assessment.			
2.1.3.9	Designs and implements empirically supported interventions for academic and behavior difficulties based on assessment data.			
2.1.3.10	Uses data-based techniques to chart and monitor the effectiveness of an academic intervention for individual pupils. Uses formative evaluation to make appropriate changes to intervention.			
2.1.3.11	Uses data-based techniques to chart and monitor the effectiveness of a behavior intervention for individual pupils. Uses formative evaluation to make appropriate changes to intervention.			
2.1.3.12	Conduct and interpret comprehensive assessments for multiple disabilities (e.g., autism spectrum disorder, specific learning disability, cognitive impairment, emotional impairment).			
2.2	Consultation and Collaboration: <i>School psychologists have knowledge of behavioral, mental health, collaborative, and/or other consultation models and methods and of their application to particular situations. School psychologists collaborate effectively with others in planning and decision-making processes at the individual, group, and system levels.</i>			
	Year 2 Knowledge and Skills			
2.2.2.1	Knowledge of models of consultation including mental health, behavioral, Adlerian, and organizational consultation.	Psy 766	Seminar: Consultation Skills	
2.2.2.2	Can identify consultation models and methods (behavioral, mental health, collaborative, consultative) appropriate to the collaborative/consultative situation.	Psy 766	Seminar: Consultation Skills	
2.2.2.3	Knowledge of stages of consultative problem solving and how to evaluate consultative services.	Psy 766	Seminar: Consultation Skills	
2.2.2.4	Knowledge of schools as systems and how to promote organizational change.	Psy 766	Seminar: Consultation Skills	
2.2.2.5	Knowledge of best practices in crisis prevention and response.	Psy 662	Advanced Therapeutic Interventions	
		Psy 766	Seminar: Consultation Skills	
**	Practicum (Psy 790-791) and Internship (Psy 795-796)			
2.2.3.1	Effectively communicates assessment information and intervention recommendations orally and in writing.			
2.2.3.2	When collaborating regarding a referred pupil, demonstrates behavioral and communication skills required for effective consultation.			
2.2.3.3	When collaborating regarding a referred pupil, involves parents, teachers, pupils, and other professionals in a team decision-making process.			

2.2.3.4	When collaborating regarding a referred pupil, uses data-based techniques to monitor outcomes of collaboration.			
2.2.3.5	Contributes to a school program that promotes the mental or physical well-being of students.			
2.3	Effective Instruction and Development of Cognitive/Academic Skills: <i>School psychologists have knowledge of human learning processes, techniques to assess these processes, and direct and indirect services applicable to the development of cognitive and academic skills. School psychologists, in collaboration with others, develop appropriate cognitive and academic goals for students with different abilities, disabilities, strengths, and needs; implement interventions to achieve these goals; and evaluate the interventions to achieve these goals; and evaluate the effectiveness or interventions. Such interventions include, but are not limited to, instructional interventions and consultation.</i>			
	Year 1 Knowledge and Skills			
2.3.1.1	Knowledge of the features of effective instruction.	Psy 677	Assessment & Development Academic Skills II	
2.3.1.2	Knowledge of the characteristics of quality interventions (i.e., behavioral definition, baseline data, problem validation, problem analysis, goal setting, intervention plan development, progress monitoring, decision-making rules, formative and summative evaluation, treatment integrity).	Psy 677	Assessment & Development Academic Skills II	
2.3.1.3	Knowledge of research-based interventions to improve phonemic awareness.	Psy 677	Assessment & Development Academic Skills II	
2.3.1.4	Knowledge of research-based interventions to improve basic reading skills.	Psy 677	Assessment & Development Academic Skills II	
2.3.1.5	Knowledge of research-based interventions to improve reading comprehension	Psy 677	Assessment & Development Academic Skills II	
2.3.1.6	Knowledge of research-based interventions to improve written expression.	Psy 677	Assessment & Development Academic Skills II	
2.3.1.7	Knowledge of research-based interventions to improve oral language skills.	Psy 677	Assessment & Development Academic Skills II	
2.3.1.8	Knowledge of research-based strategies to teach self-monitoring.	Psy 677	Assessment & Development Academic Skills II	
2.3.1.9	Knowledge of research-based strategies to implement peer-tutoring.	Psy 677	Assessment & Development Academic Skills II	
2.3.1.10	Knowledge of instructional materials and procedures for pupils with sensory impairments.	Psy 767	Assessment & Intervention for Developmental Disabilities	
2.3.1.11	Knowledge of effective instructional materials and procedures for pupils with cognitive impairments.	Psy 767	Assessment & Intervention for Developmental Disabilities	
2.3.1.12	Knowledge of effective instructional materials and procedures for pupils with autism/attentional/behavioral/emotional impairments.	Psy 767	Assessment & Intervention for Developmental Disabilities	
2.3.1.13	Knowledge of effective instructional materials and procedures for pupils with sensory impairments.	Psy 767	Assessment & Intervention for Developmental Disabilities	
2.3.1.14	Knowledge of how to measure and monitor the acceptability, integrity, and effectiveness of cognitive/academic intervention.	Psy 677	Assessment & Development Academic Skills II	
**	Practicum (Psy 790-791) and Internship (Psy 795-796)			
2.3.2.1	Recommends research-based interventions to improve phonemic awareness and monitors acceptability, integrity, and effectiveness.			
2.3.2.2	Recommends research-based interventions to improve basic reading skills and monitors acceptability, integrity, and effectiveness.			

2.3.2.3	Recommends research-based interventions to improve reading comprehension and monitors acceptability, integrity, and effectiveness.			
2.3.2.4	Recommends research-based interventions to improve written expression and monitors acceptability, integrity, and effectiveness.			
2.3.2.5	Recommends research-based interventions to improve oral language skills and monitors acceptability, integrity, and effectiveness.			
2.3.2.6	Recommends research-based interventions to teach self-monitoring and monitors acceptability, integrity, and effectiveness.			
2.3.2.7	Recommends research-based interventions to implement peer tutoring and monitors acceptability, integrity, and effectiveness.			
2.4	Socialization and development of life skills: <i>School psychologists have knowledge of human developmental processes, techniques to assess these processes, and direct and indirect services applicable to the development of behavioral, affective, adaptive, and social skills. School psychologists, in collaboration with others, develop appropriate behavioral, affective, adaptive, and social goals for students of varying abilities, disabilities, strengths, and needs; implement interventions to achieve those goals; evaluate the effectiveness of interventions. Such interventions include, but are not limited to, consultation, behavioral assessment/intervention, and counseling.</i>			
	Year 1 Knowledge and Skills			
Related	<i>Accurately administers, scores, and interprets measures of social skills.</i>	2.1.1.8		
Related	<i>Accurately administers, scores, and interprets measures of adaptive behavior.</i>	2.1.1.9		
2.4.1.1	Knowledge of normal cognitive, psycho-social, and physical development prenatal through adolescence.	Psy 682	Psychology of Child Development	
2.4.1.2	Knowledge of interplay between biological and environmental factors over time as they affect development.	Psy 682	Psychology of Child Development	
2.4.1.3	Knowledge of various developmental disabilities including cognitive impairment; autism; and language, sensory, and motor disabilities.	Psy 767	Assessment & Intervention for Developmental Disabilities	
2.4.1.4	Administers and interprets instruments for the assessment of externalizing and internalizing disorders.	Psy 605	Assessment of Affective & Behavioral Disorders for Children & Youth	
2.4.1.5	Knowledge of methods of suicide risk assessment.	Psy 605	Assessment of Affective & Behavioral Disorders for Children & Youth	
	Year 2 Knowledge and Skills			
2.4.2.1	Describes and demonstrates possible counseling interventions for a wide variety of problems/issues.	Psy 662	Advanced Therapeutic Interventions	
2.4.2.2	Implements individual or group counseling for student(s) using methods appropriate to the problem.	Psy 662	Advanced Therapeutic Interventions	
2.4.2.3	Plans and implements technique to evaluate effectiveness of individual/group counseling	Psy 662	Advanced Therapeutic Interventions	

2.4.2.4	Develops a behavior therapy treatment plan based on empirical research that is appropriate for the presenting concerns.	Psy 780	Behavior Therapy	
2.4.2.5	Develops behavioral treatment plan including goals, intervention, and progress monitoring for depression, anxiety, aggressive behaviors, and addictive disorders.	Psy 780	Behavior Therapy	
**	Practicum (Psy 790-791) and Internship (Psy 795-796)			
2.4.3.1	Provides research-based accurate information to parents, teachers, or other professionals regarding “age appropriate” emotional functioning for pupils of various ages.			
2.4.3.2	Provides research-based accurate information regarding mental health issues to parents and school personnel.			
2.4.3.3	Recommends research-based instructional methods and materials for students with disabilities that are effective in improving adaptive behavior/social skills.			
2.4.3.4	Recommends effective management strategies for improving problem behavior and increasing appropriate behavior.			
2.4.3.5	Identifies strengths and areas for improvement in disruptive classrooms in terms of structure, scheduling and teacher tactics and makes data-based recommendations.			
2.4.3.6	Works with teachers in establishing behavior management programs such as contracting and token economies and uses data-based measures to evaluate their impact.			
2.5	Student Diversity in Development and Learning: <i>School psychologists have knowledge of individual differences, abilities, and disabilities and of the potential influence of biological, social, cultural, ethnic, experiential, socioeconomic, gender-related, and linguistic factors in development and learning. School psychologists demonstrate the sensitivity and skills needed to work with individuals of diverse characteristics and to implement strategies selected and/or adapted based on individual characteristics, strengths, and needs.</i>			
	Year 1 Knowledge and Skills			
2.5.1.1	Knowledge of law that prohibits discrimination in the schools and makes schools responsible for taking reasonable steps to remedy harassment and hate crimes.	Psy 760	Seminar: School Services	
2.5.1.2	Knowledge of culturally relevant assessment practices (i.e., literature on cross-ethnic and cross-cultural assessment, and assessment of bilingual examinees).	Psy 656	Advanced Intellectual Assessment	
2.5.1.3	Knowledge of the development of academic schools for English language learners.	Psy 767	Assessment & Intervention for Developmental Disabilities	
	Year 2 Knowledge and Skills			
2.5.2.1	Knowledge of how culture/ethnicity, sexual orientation impacts therapeutic intervention (treatment selection, implementation, effectiveness). .	Psy 662	Advanced Therapeutic Interventions	
		Psy 780	Behavior Therapy	

2.5.2.2	Knowledge of how one's own cultural heritage, gender, class, ethnic-racial identity, sexual orientation, disability, and age cohort help shape personal values and beliefs, including assumptions, and biases related to identified groups.	SPE 550	Teaching the Culturally Diverse	
2.5.2.3	Knowledge of the sociopolitical influences (e.g., poverty, stereotyping, stigmatization, and marginalization) that may impact pupil development, learning, and identity achievement	SPE 550	Teaching the Culturally Diverse	
**	Practicum (Psy 790-791) and Internship			
2.5.3.1	Seeks knowledge of the origins, family structure, child-rearing practices, values, beliefs, worldview, language, and interactional style of identified groups the practitioner encounters in his or her schools.			
2.5.3.2	Demonstrates ability to accurately self-assess one's multicultural competence, including knowledge of when circumstances (personal biases, lack of requisite knowledge, skills, or language fluency) may negatively influence professional practice and adapt accordingly (e.g., obtain needed information, consultation, or supervision, or referring the student to a better qualified professional).			
2.5.3.3	Demonstrates ability to conduct a valid psychoeducational assessment with pupils typically encountered in work setting, including selecting tools appropriate to the pupil's characteristics, culture, and background and administering and interpreting assessment information in a culturally sensitive manner.			
2.5.3.4	Demonstrates skill in explaining psychoeducational assessment and intervention to parents and pupils from diverse backgrounds to promote meaningful participation in the process.			

2.6	School and Systems, Organization, Policy Development, and Climate: <i>School psychologists have knowledge of general education, special education, and other educational and related services. They understand schools and other settings as systems. School psychologists work with individuals and groups to facilitate policies and practices that create and maintain safe, supportive, and effective learning environments for children and others.</i>			
	Year 1 Knowledge and Skills			
2.6.1.1	Knowledge of general and special education curriculum.	Psy 677	Assessment & Development Academic Skills II	
2.6.1.2	Knowledge of some of the ways in which legislation and systems level policies and practices can hinder or promote student learning and well being.	Psy 760	Seminar: School Services	
	Year 2 Knowledge and Skills			
Related	<i>Knowledge of schools as systems and how to promote organizational change.</i>	2.2.2.4		
2.6.2.1	Knowledge of literature on school climate, including school bullying.	Psy 766 Psy 662	Seminar: Consultation Skills Advanced Therapeutic Interventions	
**	Practicum (Psy 790-791) and Internship (Psy 795-796)			
2.6.3.1	Describes the goals, organization, and operation of schools in which they provide services and identifies opinion leaders.			
2.6.3.2	Determines appropriate agency resources at the state level, in small communities, and in metropolitan areas, for obtaining services for particular pupils.			
2.6.3.3	Uses state and local school curriculum to develop appropriate assessments and goals.			
2.7	Prevention, Crisis Intervention, and Mental Health: <i>School psychologists have knowledge of human development and psychopathology and of associated biological, cultural, and social influences on human behavior. School psychologists provide or contribute to prevention and intervention programs that promote the mental health and physical well-being of students.</i>			
	Year 1 Knowledge and Skills			
2.7.1.1	Knowledge of behavioral and emotional impairments, and the interplay of biological and environmental factors as they shape psychopathology.	Psy 605	Assessment of Affective & Behavioral Disorders for Children & Youth	
	Year 2 Knowledge and Skills			
2.7.2.1	Knowledge of behavioral therapy to promote appropriate skill development and decrease problem behavior.	Psy 780	Behavior Therapy	
2.7.2.2	Knowledge of counseling interventions to enhance student functioning.	Psy 662	Advanced Therapeutic Interventions	
2.7.2.3	Knowledge of crisis response to individuals (e.g., threat to self or others)	Psy 662	Advanced Therapeutic Interventions	
2.7.2.4	Knowledge of response to crisis at systems level (e.g., natural disaster)	Psy 766	Seminar: Consultation Skills	

**	Practicum (Psy 790-791) and Internship (Psy 795-796)			
2.7.3.1	Understands the crisis response plan for their school buildings.			
2.7.3.2	Responds to individuals and groups in crisis using school and community resources consistent with the building plan (if applicable).			
2.8	Home/School/Community Collaboration: <i>School psychologists have knowledge of family systems, including family strengths and influences on student development, learning, and behavior, and of methods to involve families in education and service delivery. School psychologists work effectively with families, educators, and others in the community to promote and provide comprehensive services to children and families.</i>			
	Year 1 Knowledge and Skills			
2.8.1.1	Knowledge of family factors associated with normal development or psychopathology.	Psy 682	Psychology of Child Development	
2.8.1.2	Knowledge of interview methods to identify strengths and needs.	Psy 605	Assessment of Affective & Behavioral Disorders for Children & Youth	
	Year 2 Knowledge and Skills			
2.8.2.1	Knowledge of family factors that might enhance or interfere with school functioning and determines the implications for intervention	Psy 662	Advanced Therapeutic Interventions	
2.8.2.2	Knowledge of counseling interventions with families to enhance family strengths and student functioning.	Psy 662	Advanced Therapeutic Interventions	
2.8.2.3	Knowledge of strategies to encourage collaboration between home and school.	Psy 780	Behavior Therapy	
2.8.2.4	Knowledge of parent training programs to treat common childhood and adolescent problems.	Psy 780	Behavior Therapy	
**	Practicum (Psy 790-791) and Internship(Psy 795-796)			
2.8.3.1	Identifies family factors that might enhance or interfere with school functioning and determines the implications for intervention.			
2.8.3.2	Incorporates concerns and strengths of parents into intervention plans.			
2.8.3.3	Identifies appropriate community resources to assist families.			
2.8.3.4	Identifies sources of conflict among families, schools, and agencies and works to reduce conflict.			

2.9 Research and Program Evaluation: <i>School psychologists have knowledge of research, statistics, and evaluation methods. School psychologists evaluate research, translate research into practice, and understand research design and statistics in sufficient depth to plan and conduct investigations and program evaluations for improvement of services.</i>				
	Year 1 Knowledge and Skills			
2.9.1.1	Knowledge of the features and strengths and weaknesses of each type of single subject research design. Knowledge of data analysis in single-subject designs in terms of level, trend and variability. Knowledge of the concepts of internal and external validity and how they are applied to these designs.	Psy 677	Assessment & Development Academic Skills II	
	Year 2 Knowledge and Skills			
2.9.2.1	Demonstrates knowledge of descriptive statistics, correlation, and regression.	Psy 511	Statistics in Psychology	
2.9.2.2	Demonstrates knowledge of basic probability models.	Psy 511	Statistics in Psychology	
2.9.2.3	Explain the rationale used in hypothesis testing and objections to hypothesis testing.	Psy 511	Statistics in Psychology	
2.9.2.4	Conducts hypothesis testing with one sample, two samples, and more than two samples.	Psy 511	Statistics in Psychology	
2.9.2.5	Calculates effect size estimates and conducts power analyses.	Psy 511	Statistics in Psychology	
2.9.2.6	Conducts thorough literature review and analysis on topic relevant to School Psychology.	Psy 798	Thesis	
2.9.2.7	Select research design and statistical analysis appropriate for a research question pertinent to School Psychology.	Psy 798	Thesis	
	Year 3 + Knowledge and Skills			
2.9.3.1	Presents findings from own research study and effectively defends findings.	Psy 798	Thesis	
**	Practicum (Psy 790-791) and Internship (Psy 795-796)			
2.9.3.2	Demonstrates knowledge of descriptive statistics in explaining test results to parents and other professionals.			
2.9.3.3	Identifies and implements appropriate measures to evaluate the effectiveness of interventions with individual pupils.			
2.10 School Psychology Practice and Development: <i>School psychologists have knowledge of the history and foundations of their profession; of various service models and methods; of public policy development applicable to services to children and families; and of ethical, professional, and legal standards. School psychologists practice in ways that are consistent with applicable standards, are involved in their profession, and have the knowledge and skills needed to acquire career-long professional development.</i>				
	Year 1 Knowledge and Skills			
2.10.1.1	Knowledge of the history of School Psychology and its emergence as a major discipline; knowledge of roles and functions of schools psychologists.	Psy 760	Seminar: School Services	
2.10.1.2	Knowledge of direct and indirect service delivery models and ethical-legal issues associated with each.	Psy 760	Seminar: School Services	

2.10.1.3	Knowledge of NASP and APA ethical codes and standards of practice.	Psy 760	Seminar: School Services	
2.10.1.4	Knowledge of IDEA, Section 504, FERPA and other law pertinent to the delivery of services.	Psy 760	Seminar: School Services	
2.10.1.5	Knowledge of state level criteria for identification of pupils with learning disabilities and alternative models.	Psy 667	Assessment Development Academic Skills I	
2.10.1.6	Knowledge of state level criteria for identification of pupils with autism, cognitive impairments, and sensory and motor impairments.	Psy 767	Assessment & Interventions for Development Disabilities	
2.10.1.7	Knowledge of state level criteria for identification of pupils with serious emotional disturbance and criteria for manifest determination review.	Psy 605	Assessment of Affective & Behavioral Disorders for Children & Youth	
2.10.1.8	Knowledge of how to analyze the ethical and legal dimensions of a situation and ability to reason about ethical issues. Can make use of a problem solving model.	Psy 760	Seminar: School Services	
	Year 2 Knowledge and Skills			
Related	<i>Knowledge of schools as systems and how to promote organizational change.</i>	2.2.2.1.3		
**	Practicum (Psy 790-791) and Internship (Psy 795-796)			
2.10.3.1	Demonstrates an awareness and knowledge of the content of ethical codes, professional standards, and law pertinent to the delivery of services.			
2.10.3.2	Shows commitment to proactive stance, namely using knowledge of ethical codes, professional standards, and law along with ethical reasoning skills to anticipate and prevent problems from arising.			
2.10.3.3	Demonstrates an ability to analyze the ethical and legal dimensions of a situation and ability to reason about ethical issues. Makes use of a problem solving model.			
2.10.3.4	Demonstrates awareness of the ways in which their own values and standards for behavior may be similar to or different from individuals from other cultural groups.			
2.10.3.5	Demonstrates knowledge of state rules and regulations regarding identification of students with disabilities under IDEA and Section 504.			
2.10.3.6	Demonstrates awareness of some of the ways in which legislation and systems-level policies and practices can hinder or promote student learning and well being, and can identify strategies to advocate for change.			
2.10.3.7	Demonstrates ability to self-assess competence in various domains of practice and plan professional development activities to improve skills.			

2.11 Information Technology: <i>School psychologists have knowledge of information sources and technology relevant to their work. School psychologist access, evaluate, and utilize information sources and technology in ways that safeguard or enhance the quality of services.</i>				
	Year 1 Knowledge and Skills			
2.11.1.1	Uses internet to locate resources pertinent to School Psychology.	Psy 760	Seminar: School Services	
2.11.1.2	For software programs for IQ assessment, evaluates the technical adequacy of the program.	Psy 655	Introduction to Intelligence Testing	
		Psy 656	Advanced Intellectual Assessment	
2.11.1.3	Evaluates the appropriateness of instructional software for academic intervention.	Psy 677	Assessment & Development Academic Skills II	
2.11.1.4	For pupils with sensory or motor disabilities, identifies adaptive equipment appropriate to disability.	Psy 767	Assessment & Intervention for Development Disabilities	
	Year 2 Knowledge and Skills			
2.11.2.1	Manipulate data files and conduct statistical analyses with SPSS.	Psy 511	Statistics in Psychology	
**	Practicum (Psy 790-791) and Internship (Psy 795-796)			
2.11.3.1	Effectively uses computers to make case management and accountability efforts efficient.			
2.11.3.2	Uses appropriate safeguards to ensure electronic transmission and storage of pupil information.			

Appendix E

Attitude and Personal Characteristics Review

1. Freedom from biases which would interfere with his/her effectiveness.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

2. Respects beliefs and opinions of others.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

3. Appropriateness of general appearance.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

4. Ability to handle details.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

5. Tact in relations with others.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

6. Willingness to assume responsibility.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

7. Effective management of time.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

8. Follows through on assigned responsibilities.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

9. Balanced judgment after weighing all information.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

10. Willingness to consider divergent methods and approaches.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

11. Maintains length of school day according to policy.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

12. Flexibility when approaching problems.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

13. Conducts self with professional dignity.

<u>Review</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Appendix F
Field Experience Questionnaire

School: _____

Teacher: _____

Student: _____

Date: _____

In order to collect information about our practica students we need your help. We would like to know how well our practica student performed in his/her interactions with you. This feedback is used by us to develop ongoing learning experiences for our student during the course of this year. You can help us by completing the questionnaire as honestly as you are able. On the items, please rate the student from “1”, which means the student demonstrated little skill in the area, to “5”, which means excellent skill was demonstrated. If you have not had the opportunity to observe or interact with the student in one or more of the areas listed, please circle “DK” (don’t know). Thank you for your time and cooperation in this process.

Sandra Morgan, Ph.D.
Coordinator, School Psychology Practica
Central Michigan University

Mike Hixson, Ph.D.
Supervisor, School Psychology Practica
Central Michigan University

How well did the student perform in this area?

		Little Skill	Satisfactory	Excellent Skill	Don't Know		
1.	This person talks to me slowly, clearly, and in an organized manner.	1	2	3	4	5	DK
2.	This person maintains eye contact.	1	2	3	4	5	DK
3.	This person appears confident in speech and mannerisms when we are talking.	1	2	3	4	5	DK
4.	This person kept commitments made while we were working.	1	2	3	4	5	DK
5.	The children felt comfortable working with this person.	1	2	3	4	5	DK
6.	This person dressed appropriately for the assigned responsibilities.	1	2	3	4	5	DK
7.	I felt comfortable working with this person.	1	2	3	4	5	DK
8.	This person devoted full attention to me and the task when we worked together.	1	2	3	4	5	DK
9.	This person clarifies and confirms points I have made by paraphrasing or summarizing the points.	1	2	3	4	5	DK
10.	This person followed up on recommendations he/she made.	1	2	3	4	5	DK
11.	I felt comfortable accepting suggestions from this person.	1	2	3	4	5	DK
12.	This person took time and care in forming recommendations as opposed to "shooting from the hip" without getting all the facts.	1	2	3	4	5	DK
13.	When talking to teachers or parents, this person speaks in non-technical language as opposed to education jargon that is hard to understand.	1	2	3	4	5	DK
14.	This person listened in a manner that made me feel accepted when talking.	1	2	3	4	5	DK
15.	This person put others at ease in professional interactions.	1	2	3	4	5	DK
16.	This person expressed positive attitudes toward school, children, teachers, and parents.	1	2	3	4	5	DK
17.	When talking to this person, I get enough time to talk about points I feel are important.	1	2	3	4	5	DK
18.	This person communicated openly and honestly with me as opposed to having a "hidden goal behind what is said."	1	2	3	4	5	DK
19.	If asked to do something against the best interests of the child, I think this person would decline firmly but tactfully.	1	2	3	4	5	DK

Thank you for completing the feedback form.

Any suggestions to help the practica student improve in the above rated areas?

General comments about the practica student and your interactions?

Signature (optional) _____ Date _____

Thank you for your help.

Sincerely,

Sandra Morgan, Ph.D.

Mike Hixson, Ph.D.

Central Michigan University

Appendix G
Internship Performance Appraisal
PSY 795-796

Name of Individual completing this request _____

Work Phone _____ Date _____

What is the exact title of your professional position? _____

Please evaluate performance in the following areas using this scale:

- 1 = Very well
- 2 = Reasonably well
- 3 = Not very well
- 4 = Not at all
- No = No opportunity to observe

For each area, please circle only one response.

1.	Demonstrates skills in the administration and interpretation of psychodiagnostic tests	1	2	3	4	No
2.	Utilizes test results and other pertinent information to identify the pattern of strengths and difficulties in the client's functioning	1	2	3	4	No
3.	Makes specific recommendations appropriate to the problem and situation	1	2	3	4	No
4.	Writes psychological reports in a concise, organized, and meaningful manner	1	2	3	4	No
5.	Makes appropriate referrals to community agencies and resources.....	1	2	3	4	No
6.	Effectively communicates psychological findings in meetings with parents, teachers, other professional staff members.....	1	2	3	4	No
7.	Plans an effective behavior management program for a group of classroom.....	1	2	3	4	No
8.	Plans an effective behavior modification program for an individual with behavior problems.....	1	2	3	4	No
9.	Plans and prescribes appropriate teaching strategies and materials for a client with learning problems.....	1	2	3	4	No
		1	2	3	4	No

- | | | | | | |
|--|---|---|---|---|----|
| 10. Utilizes effective counseling techniques with an individual..... | | | | | |
| 11. Conducts effective problem solving discussions and makes appropriate recommendations to administrators regarding program development and program evaluation..... | 1 | 2 | 3 | 4 | No |
| 12. Demonstrates knowledge of current special education laws..... | 1 | 2 | 3 | 4 | No |
| 13. Shows an awareness of ethical issues in professional decision-making..... | 1 | 2 | 3 | 4 | No |
| 14. Demonstrates good interpersonal skills in interactions..... | 1 | 2 | 3 | 4 | No |
| 15. Compared with other school psychologists you have worked with, this person is: | | | | | |
| a. clearly superior; | | | | | |
| b. somewhat better; | | | | | |
| c. about the same; | | | | | |
| d. somewhat worse; | | | | | |
| e. clearly inferior. | | | | | |

Please identify/describe any areas of professional functioning that need improvement:

Based on your experience working with the School Psychology intern trained at Central Michigan University, do you have any suggestions as to how we might improve our training program?

Please return this evaluation form to Dr. Sandra Morgan, Department of Psychology, Sloan 222, Central Michigan University, Mt. Pleasant, MI 48859.

Appendix I

Student Intervention/Services Outcomes Summaries

Many School Psychology students create a “showcase” portfolio to share as part of the job interview process. The portfolio includes a vita and work samples along with documentation of special accomplishments. For example, the portfolio might include a student’s best work in the following areas: psychological report writing, academic intervention, behavioral intervention, counseling, consultation to parents/families, and consultative services. Students also might include the abstract of their thesis or prospectus, articles they wrote or slide-notes of presentations made, certificates of workshop attendance, and documentation of any special recognition received. Doctoral students also should document their experiences and effectiveness as a teaching assistant, guest lecturer, and/or instructor, and include an abstract of their dissertation prospectus.

We are encouraging both specialist and doctoral students to create a portfolio for themselves, and requiring them to submit to us work samples from their portfolio documenting their success in providing services that result in positive outcomes. We will be using the outcome summaries to evaluate the effectiveness of our training across various domains and for accreditation purposes. For these reasons, we require specialist students to submit four outcomes summary sheets and supporting documentation before the end of their second year of coursework. These summary sheets will be based on work done in Psy 766, 780, 662, 790, 791, or other courses. Specialist students also will be asked to submit two additional outcome summary sheets during their third year (Psy 795-796). Doctoral students will be asked to submit (prior to completing their doctoral internship) all 6 outcome summary sheets plus documentation of their experiences and effectiveness as a teaching assistant, guest lecturer, or instructor.

For program evaluation purposes, faculty will evaluate the outcome summaries each spring to determine whether students demonstrated the ability to plan and implement an evidence-based effective intervention in each of the following domains: academic skills intervention, problem behavior intervention, counseling intervention, and consultative intervention, family/parent consultation. Faculty will also evaluate evidence that students contribute to school programs that promote the mental and physical well-being of students.

General Instructions: Please limit each outcomes summary to one or two pages. Be brief and concise. You may type within a format-shell that is provided online (see Blackboard for Psy 791, 796, 991). If a case or consultative service addressed multiple problems, you can just pick one problem that was addressed and hopefully improved/resolved. If the intervention was not effective, you can simply say so, and identify an alternative strategy that might be more effective.

Second year specialist students: please complete at least the first four outcomes summaries by May 1. (1) academic skills intervention, (2) intervention for problem behavior, (3) counseling intervention, and (4) teacher, classroom, or systems consultation. You may complete (5) family/parent consultation and (6) contributing to programs to promote mental and physical well-being of students, either this year or next year. Please note that you can select whatever case or activity you have completed that best fits the categories. For example, your teacher, classroom, or systems consultation could be something you did in Psy 766 or Psy 790 or 791. **BE SURE TO ATTACH DOCUMENTATION OF EFFECTIVENESS.** Keep copies for yourself to put in your showcase portfolio.

Third year specialist students and doctoral interns: complete outcome summaries 5 and 6 by May 1; doctoral interns complete outcome summary 7 by May 1.

Outcomes Summary #1: Example of an Academic Skills Intervention

<p>Problem Identification</p> <p><i>Briefly (one or two sentences) describe the reason for referral for school psychological services. Identify the age and grade of the student.</i></p>
<p>Describe or list the types of data gathered to clarify the problem.</p> <p><i>List the assessment strategies. For example: review of educational and health records; classroom observation; interview with teacher, parents, student; student work samples; names of tests administered, and other assessment strategies (CBM, CBA).</i></p>
<p>Briefly describe the goal(s) for intervention.</p>
<p>Describe the intervention(s) selected.</p> <p><i>Briefly describe the intervention strategies selected.</i></p>
<p>Describe or list the types of data gathered to measure progress towards problem resolution.</p> <p><i>For example, graphing improved performance in skill area; teacher reports of progress, classroom test scores, other test scores.</i></p>
<p>Describe the outcome(s) of the intervention and attach at least one piece of documentation of the effectiveness of the intervention.</p> <p><i>Describe how the intervention was or was not successful and provide at least one (but preferably two) piece of documentation. Examples might include graphs, written teacher feedback, student work sample(s), classroom or other test scores.</i></p>

Outcomes Summary #2: Example of an Intervention for Problem Behavior

<p>Problem Identification</p> <p><i>Briefly (one or two sentences) describe the reason for referral for school psychological services. Identify the age and grade of the student.</i></p>
<p>Describe or list the types of data gathered to clarify the problem.</p> <p><i>List the assessment strategies. For example: review of educational and health records; classroom observation; interview with teacher, parents, student; behavior checklists, functional behavioral assessment, names of tests administered, etc.</i></p>
<p>Briefly describe the goal(s) for intervention.</p>
<p>Describe the intervention(s) selected.</p> <p><i>Briefly describe the intervention strategies selected. Identify specific techniques (e.g., modeling, positive reinforcement).</i></p>

Outcome Summary #2 Continued

Describe or list the types of data gathered to measure progress towards problem resolution.

For example, graphing improved performance in problem area; teacher reports of progress, behavior checklists.

Describe the outcome(s) of the intervention and attach at least one piece of documentation of the effectiveness of the intervention.

Describe how the intervention was or was not successful and provide at least one (but preferably two) piece of documentation. Examples might include graphs, written teacher feedback, behavior checklists.

Outcomes Summary #3: Example of a Counseling Intervention

Problem Identification

Briefly (one or two sentences) describe the reason for counseling services. Identify the age and grade of the student.

Describe or list the types of data gathered to clarify the problem.

List the assessment strategies. For example: review of educational and health records; classroom observation; interview with teacher, parents, student; behavior checklists, personality inventories.

Briefly describe the counseling goal(s).

Describe the counseling strategies and techniques.

Examples might be active listening techniques, play therapy, reality therapy techniques, role-playing, modeling and reinforcement.

Describe or list the types of data gathered to measure progress towards problem resolution.

For example, graphing improved performance in problem area; teacher reports of progress, student self-report, behavior checklists.

Describe the outcome(s) of the intervention and attach at least one piece of documentation of the effectiveness of the intervention.

Describe how the intervention was or was not successful and provide at least one (but preferably two) pieces of documentation. Examples might include notes from student, parent or teacher follow-up interview; behavioral checklists or personality or problem inventory, measures of self-esteem or depression, records of improved school attendance or reduced disciplinary referrals, etc.

Outcomes Summary #4: Example of a Teacher, Classroom, or Systems Consultation

<p>Problem Identification</p> <p><i>Briefly (one or two sentences) describe the reason for consultative services.</i></p>
<p>Describe or list the types of data or information gathered to clarify the problem.</p> <p><i>For example, classroom observation, problem solving interview with teacher or building principal.</i></p>
<p>Briefly describe the goal(s) for intervention.</p>
<p>Describe the intervention(s) selected.</p> <p><i>In-service workshop, consultation with teacher.</i></p>
<p>Describe or list the types of data gathered to measure progress towards problem resolution.</p>
<p>Describe the outcome(s) of the intervention and attach at least one piece of documentation of the effectiveness of the intervention.</p> <p><i>Evidence for change in knowledge, behaviors, or attitudes following in-service presentation; graphs of change in teacher behavior following teacher consultation, written feedback from teacher-consultee.</i></p>

Outcomes Summary #5: Example of a Parent/Family Consultation

<p>Problem Identification</p> <p><i>Briefly (one or two sentences) describe the reason for consultative services.</i></p>
<p>Describe or list the types of data or information gathered to clarify the problem.</p> <p><i>For example, classroom observation, problem solving interview with parent, teacher.</i></p>
<p>Briefly describe the goal(s) for consultation.</p>
<p>Describe the intervention(s) selected.</p> <p><i>Examples might include teaching parents how to help their student with homework or to reduce student temper tantrums, establishing bedtime routines, etc.</i></p>
<p>Describe or list the types of data gathered to measure progress towards problem resolution.</p> <p><i>Examples might include changes in student and/or parent behavior such as improved student attendance, better homework completion.</i></p>
<p>Describe the outcome(s) of the intervention and attach at least one piece of documentation of the effectiveness of the intervention.</p> <p><i>Evidence for consultative effectiveness such as written feedback from parent or notes from parent follow-up telephone interview, or evidence of changes in student behavior, learning.</i></p>

Outcomes Summary #6: Example of Providing or Contributing to Programs that Promote the Mental and Physical Well-Being of Students

Nature of Contribution
<i>Briefly (one or two sentences) describe a way in which you have contributed to a program that promotes the mental and physical well-being of students in your work setting. Examples might include providing an in-service to promote student well being, or serving on a school committee or multidisciplinary services team that addresses the well being of students (e.g., prevention and crisis intervention team).</i>
Describe the outcome(s) of your in-service, or your committee or team work.
<i>Provide documentation that your contribution was perceived as helpful (e.g., letter of acknowledgement from committee or team member). If you conducted an in-service, provide documentation that your in-service presentation resulted in changes in practices, knowledge, behavior (e.g., brief follow-up survey of in-service participants).</i>

Outcomes Summary #7: Evidence of Effectiveness as Teaching Assistant, Guest Lecturer, and Instructor (Required Only for Doctoral Students)

Describe your experiences as T.A., guest lecturer, or instructor.
Document your effectiveness
<i>If you were a T.A., you might include a letter from your supervisor or feedback from the students in your section. If you have experience as an instructor of an independent section or course, you might include a copy of the syllabus, tests and learning activities you developed, evidence of student learning, and/or student feedback.</i>

Scoring Rubric for Problem-Solving Interventions

Total Score Possible:

Behavioral Definition

5	4	3	2	1
Definition is (a) <i>objective</i> : refers to observable and measurable characteristics of behavior; (b) <i>clear</i> : it could be read, repeated and paraphrased by others; and (c) <i>complete</i> : delineates both examples and non examples of the behavior.	Definition meets only two of the criteria.	Definition meets only one of the three criteria.	Problem behavior stated in general terms (e.g., reading comprehension, aggressive behavior, etc.)	Behavioral definition is not written.

Baseline Data

5	4	3	2	1
Data collected on the behavior <i>prior</i> to implementing the intervention consisting of repeated measures of the target behavior over several (at least three) sessions, days, or weeks until a stable range of behavior has been identified.	Data collected on the behavior prior to the intervention; however, only two data points reported.	Data collected on the behavior prior to the intervention, but only one data point is reported.	Data collected on the behavior prior to implementing the intervention, but the dimension(s) addressed are not the most appropriate for the selected target behavior.	Baseline data not gathered prior to implementing the intervention.

Problem Validation

5	4	3	2	1
The magnitude of the discrepancy is quantified, based on a comparison between student's performance and the local educational setting demands.	The magnitude of the discrepancy is quantified, based on a comparison between the student's performance and standards outside the local educational setting.	The magnitude of the discrepancy is quantified but is based on opinion.	The magnitude of the description is described qualitatively.	Problem is not validated; magnitude of the discrepancy is not described.

Problem Analysis

5	4	3	2	1
Examined relevant and alterable factors from curriculum, instruction, environment, and student domains using a variety of procedures (RIOT: review, interview, observe, test) to collect data from a variety of relevant sources and settings. Used this information to develop a specific intervention to change the behavior.	Examined relevant and alterable factors from two to three domains only using two to three procedures to gather information. Used this information to develop a specific intervention to change the behavior.	Examined relevant and alterable factors from only the student domain using a variety of procedures (RIOT) to collect data from a variety of relevant sources and settings. Used this information to develop a specific intervention to change behavior.	Examined relevant and alterable factors from the domains using a variety of procedures, but there is no indication this information was used to develop a specific intervention to change the behavior.	Problem analysis is not conducted.

Goal Setting

5	4	3	2	1
Goal stated narratively and represented graphically on performance chart specifying time frame, condition, behavior, and criterion, which is based on a comparison between the student's baseline data and the expectations.	Goal represented graphically on performance chart specifying time frame, behavior, criterion, and condition—not stated narratively.	Goal stated narratively specifying time frame, behavior, criterion, and condition—not represented graphically.	Goal stated narratively and/or represented graphically on performance chart but does not specify all four components (time frame, condition, behavior, criterion).	Goal is not measurable or is not set.

Intervention Plan

5	4	3	2	1
Plan stated (a) procedures/strategies, (b) materials, (c) when, (d) where, and (e) persons responsible.	Plan stated procedures/strategies. But one of the components is missing: materials, when, where, or persons responsible.	Plan stated procedures/strategies. But two of the components are missing.	Generic description of intervention strategy is stated. Materials, when, where, and persons responsible may be present.	Intervention plan not written. Or generic descriptions of intervention only.

Measurement Strategy

5	4	3	2	1
A measurement strategy is developed answering how, what, where, who, and when?	A measurement strategy is developed but only answers four of the five questions.	A measurement strategy is developed but only answers three of the five questions.	A measurement strategy is developed but only answers two of the five questions.	Intervention plan not written. Or generic descriptions of intervention only.

Decision-making Plan

5	4	3	2	1
The decision-making plan indicates (a) how frequently data will be collected, (b) the strategies to be used to summarize the data for evaluation, (c) how many data points or how much time will occur before the data will be analyzed, and (d) what actions will be taken based on the intervention data.	The decision making plan indicates three of the four components.	The decision making plan indicates two of the four components.	The decision making plan indicates only one of the four components.	The decision making plan is not documented.

Progress Monitoring

5	4	3	2	1
Data are collected on a frequent and regular basis appropriate for the target behavior. Appropriate conventions were used: descriptive title, meaningful scale captions, appropriate scale units (real time on x-axis, if possible), intervention phases labeled.	Date collected and charted infrequently and/or real time not represented on x-axis.	Data collected and charted irregularly. Appropriate charting conventions may or may not be used.	Data are collected but not charted. Or only pre-post information was collected and/or charted.	Progress monitoring data not collected.

Formative Evaluation

5	4	3	2	1
There is evidence the decision rule was followed and visual analysis was conducted. These data were used to modify or change the intervention as necessary.	Visual analysis was conducted but the data were not used to modify or change the intervention as necessary.	Modifications or changes were made to the intervention based on subjective data.	Changes were made to the intervention, but no indication as to what data were used to make these changes.	No formative evaluation was conducted.

Treatment Integrity

5	4	3	2	1
Degree of treatment integrity measured and monitored. Plan is implemented as designed, including decision rules. Intervention changes as necessary on the basis of objective data.	Degree of treatment integrity measured and monitored but plan was changed on the basis of subjective data.	Degree of treatment integrity addressed. Plan was implemented with variations from the original design with no basis for change stated.	Treatment integrity addressed, but intervention was not implemented as planned.	Treatment integrity not considered.

Summative Evaluation

5	4	3	2	1
Outcome decisions are based on the progress monitoring data.	Outcome decisions are based on minimal data, such as pre-post tests.	Outcome decisions are based on subjective data.	Outcome decision stated but no indication of what data were used to make the conclusion.	No summative evaluation took place.

Appendix I

Policy on Bloodborne Pathogens

The University takes potential contact with bloodborne pathogens very seriously. The following is taken from a letter about this issue from the President of Central Michigan University. The concerns expressed apply to all students in training.

Bloodborne pathogens are disease-causing microorganisms that may be present in human blood. They may be transmitted with any exposure to blood or other potentially infectious material. Central Michigan University makes every effort to assure that all employees have a safe work environment. The risk of exposure to bloodborne pathogens in the workplace is a current concern for the University faculty, staff, student employees and student interns who have reasonably anticipated contact with blood or other potentially infected material as a result of performing their job duties.

Two significant bloodborne pathogens are Hepatitis B Virus and Human Immunodeficiency Virus. One in twenty Americans has the Hepatitis B Virus. Fourteen people die each day from Hepatitis B related illnesses, including cirrhosis and cancer of the liver. It is estimated that one in every two hundred and fifty persons in the United States is infected with Human Immunodeficiency Virus. The epidemic is spreading most rapidly among heterosexuals. The risk of exposure to bloodborne pathogens in the workplace should not be underestimated.

Central Michigan University is committed to the implementation of a campus-wide Exposure Control Plan and full compliance with the Federal Occupational Safety and Health Administration Bloodborne Pathogens Standard. The Exposure Control Plan is designed to protect employees from the health hazards associated with exposure to bloodborne pathogens. It also provides for appropriate treatment and counseling should an exposure to bloodborne pathogens occur in the workplace.

Because you will be having contact with the public either as a practicum student providing clinical services, as a human subject researcher, or as an instructor in a course, the University requires that you be aware of the risks of bloodborne pathogens. If someone is bleeding, **do not make contact with the blood** and call appropriate backup such as public safety on Campus or supervisory personnel off campus.

A medical emergency no longer means just providing medical assistance to the ill or injured. The providers must have received and developed the skills and knowledge to prevent the scion of bloodborne diseases such as Hepatitis B Virus, Hepatitis C Virus, and Human Immunodeficiency Virus. The Hepatitis B Virus causes hepatitis, a potentially fatal liver disease and Human Immunodeficiency Virus causes Acquired Immunodeficiency Syndrome. Both of these diseases can enter the body through the mucous membranes or through large or small breaks in the skin, such as a hangnail.

At the University, the most common exposure to bloodborne pathogens will be when a person with an open sore or injury comes into contact with infectious material or fails to wear the proper personal protective equipment. If in the course of your job you have or suspect you have had an exposure incident **CONTACT YOUR SUPERVISOR AND THE UNIVERSITY HEALTH SERVICES (after hours contact Central Michigan Community Hospital, (989)772-6700) IMMEDIATELY**, so treatment may begin at once. Remember it takes only one exposure to contact a bloodborne pathogen; however, it is possible to protect yourself by knowing the facts and taking proper precautions.

For All Medical Emergencies:

- Call 911
- The Central Michigan University Police number is (989)774-3081.