**ILLINOIS STATE UNIVERSITY Department of Psychology**

**Developmental Psychology Professional Practice Agreement**

Student:

Agency Name:

Agency Supervisor:

Supervisor’s Email Address: Phone Number:

Agency Mailing Address:

Starting Date: Ending Date:

Hours of work per week:

Psychology Faculty Supervisor:

**Objectives:**

The student will meet the following general learning objectives through the successful completion of this professional practice:

1. Utilize psychology in relation to other disciplines or interdisciplinary fields of study.
2. Transfer knowledge from classroom learning and research findings to applied situations.
3. Engage in service learning activities to promote health and human welfare.
4. Use information and technology ethically and responsibly.
5. Approach problems effectively.
6. Work and communicate effectively and sensitively with people from diverse backgrounds.
7. Demonstrate effective writing skills, oral skills and interpersonal skills.
8. Display high standards of personal integrity to promote trust with colleagues.
9. Reflect on experience and find meaning in it.
10. Apply knowledge of psychology to formulate career plans.

**More specific learning objectives and a list of duties/responsibilities for this specific professional practice must be attached to this Agreement.**

**Assessment**

Students will complete a one-page self-reflective analysis regarding their experiences/opportunities. The

agency supervisor will complete a performance evaluation form provided by the professional practice coordinator. The self-reflective analysis and performance evaluation are due to the professional practice coordinator no later than the last day of the semester and must be completed prior to a grade being assigned.

Student Date

Agency Supervisor Date

Developmental Professional Practice Coordinator Date

Developmental Psychology Sequence Coordinator Date