**Doctor of Psychology (CliniNeuro) Placement Diary**

Provisional Psychologist Name: ___________________  Placement Agency: _________________  Supervisor Signature: _______________________

Registration Number: ____________________  Supervisor Name: ____________________  Student Signature: _______________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Placement day #</th>
<th>Direct Client Contact* (hrs)</th>
<th>Client Related Activity# (hrs)</th>
<th>Supervision Group (hrs) Indiv. (hrs)</th>
<th>Details of Psychological Activities: client description (de-identified), presenting issues, type of activity (eg., assessment, report writing, supervision etc.)</th>
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</table>
| 1/1/12 | 1               | 3                           | 3                              | 1.5                                  | Neuropsychology assessment with SW to assess for cognitive problems following TBI  
Scoring tests and writing report for SW  
Individual supervision with Jan about SW |
| 3/1/12 | 2               | 2                           | 4.5                            | 0.5                                  | Assessment with BT to assess for post traumatic amnesia  
Neuropsychological Feedback to SW  
Report-writing for BT and SW  
Contact with BT's family to get background information  
Individual supervision with Jan about BT |

*Direct client contact includes face-to-face activities such as assessment, feedback and intervention  
Client related activity includes report-writing, case review, test scoring, formulation, treatment planning, and consultation  

**TOTAL**