

Wisconsin Department of Safety and Professional Services

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PSYCHOLOGY EXAMINING BOARD

NATURE OF PRIVATE PRACTICE OF SCHOOL PSYCHOLOGY

NAME: _____ DATE: _____

INSTRUCTIONS: In the space below, please check your intended areas of practice if you obtain a private practice of school psychology license in Wisconsin. In light of your education, training and supervised experience, mark the types of general and specialized services you will provide and to whom the services will be rendered. Be certain that your statement of intended practice includes only those services and populations which can be supported by supervisory documentation of appropriate training and supervised experience.

1. GENERAL SERVICES QUALIFIED TO PROVIDE

- (1) ___ Counseling
- (2) ___ Evaluation
- (3) ___ Consultation
- (4) ___ Research
- (5) ___ Academic Teaching (Attach documentation of courses taught in an academic setting.)

2. POPULATIONS QUALIFIED TO SERVE

- (1) ___ Preschool Children (under 5)
- (2) ___ Children (5-12)
- (3) ___ Adolescents (13-17)
- (4) ___ College (in a college setting)
- (5) ___ Adults (18 and over)

3. SPECIALIZED SERVICES QUALIFIED TO OFFER

- (1) ___ Assessment & Services for ADD/ADHD
- (2) ___ Behavioral Modification
- (3) ___ Cognitive Disabilities
- (4) ___ Family Counseling
- (5) ___ Hypnosis
- (6) ___ Learning Disabilities
- (7) ___ Program Evaluation & Development
- (8) ___ Group Counseling
- (9) ___ Other: _____

Comments/Clarification: _____

SIGNATURE: _____