

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 and 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: _____ **DATE:** ____/____/____
(Print and Sign Form)