Form 2.1: Practicum Contract

This agreement is made on ________________ by and between___________________________

(field site)          (university program)

and ______________________________________________. The agreement will be effective for a period

from ______________ to ______________ for _______________ per week for ____________________.

(starting date)         (ending date)      (number of hours)         (student name)

Purpose

The purpose of this agreement is to provide a qualified graduate student with a practicum experience in the field of counseling or psychology.

The University Program Agrees

1. to assign a university faculty liaison to facilitate communication between university and site;
2. to provide the site prior to placement of the student the following information:
   a. a profile of the student named above, and
   b. an academic calendar that shall include dates for periods during which student will be
      excused from field supervision;
3. to notify the student that he/she must adhere to the administrative policies, rules, standards,
   schedules, and practices of the site;
4. that the faculty liaison shall be available for consultation with both site supervisors and
   students and shall be immediately contacted should any problem or change in relation to
   student, site, or university occur; and
5. that the university supervisor is responsible for the assignment of a fieldwork grade.

The Practicum Site Agrees

1. to assign a practicum supervisor who has appropriate credentials, time, and interest for train-
   ing the practicum student;
2. to provide opportunities for the student to engage in a variety of counseling activities under
   supervision and for evaluating the student’s performance (suggested counseling experiences
   included in the “Practicum Activities” section);
3. to provide the student with adequate work space, telephone, office supplies, and staff to
   conduct professional activities;
4. to provide supervisory contact that involves some examination of student work using audio
   or video recordings, observation, and/or live supervision; and
5. to provide written evaluation of student based on criteria established by the university program.

The Practicum Student Agrees

1. to obtain transportation to and from the site;
2. to schedule and attend weekly supervision sessions with on-site supervisor and attend weekly
   supervision sessions with faculty supervisors;
3. to adhere to the ethical guidelines of the American Counseling Association Code of Ethics; and
4. to adhere to the policies and procedures, rules, and standards of the placement site.
Within the specified time frame, ____________________________ (site supervisor) will be the primary practicum site supervisor. The training activities (checked below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student’s level of competence in each activity.

_____________________________________________ (faculty liaison) will be the faculty liaison with whom the student and practicum site supervisor will communicate regarding progress, problems, and performance evaluations.

**Practicum Activities**

1. Individual counseling/psychotherapy
   - Personal/social nature
   - Occupational/educational nature
2. Group counseling/psychotherapy
   - Co-leading
   - Leading
3. Intake interviewing
   - Taking social history information
4. Testing
   - Administration
   - Analysis
   - Interpretation of results
5. Report writing
   - Record keeping
   - Treatment plans
   - Treatment
6. Consultation
   - Referrals
   - Professional team collaboration
7. Psychoeducational activities
   - Parent conferences
   - Outreach
8. Career counseling
9. Individual supervision
10. Group or peer supervision
11. Case conferences or staff meetings
12. Other (please list) __________________________
    __________________________
    __________________________

Practicum site supervisor ________________________________ Date ________________
Student ________________________________ Date ________________
Faculty liaison ________________________________ Date ________________
Form 2.2: Internship Contract

This agreement is made this_____________________ day of_______________________, by and between ______________________________________________________________ (hereinafter referred to as the AGENCY/INSTITUTION/SCHOOL) and _________________________________________________________________ (hereinafter referred to as the UNIVERSITY). This agreement will be effective for a period from ________________ to ________________ for student ____________________________.

Purpose

The purpose of this agreement is to provide a qualified graduate student with an internship experience in the field of counseling/therapy.

The UNIVERSITY Shall Be Responsible for the Following:

1. Selecting a student who has successfully completed all of the prerequisite courses and the practicum experience.
2. Providing the AGENCY/INSTITUTION/SCHOOL with a course outline for the supervised internship counseling that clearly delineates the responsibilities of the UNIVERSITY and the AGENCY/INSTITUTION/SCHOOL.
3. Designating a qualified faculty member as the internship supervisor who will work with the AGENCY/INSTITUTION/SCHOOL in coordinating the internship experience.
4. Notifying the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the AGENCY/INSTITUTION/SCHOOL.
5. Advising the student that he/she should have adequate liability and accident insurance.

The AGENCY/INSTITUTION/SCHOOL Shall Be Responsible for the Following:

1. Providing the intern with an overall orientation to the agency's specific services necessary for the implementation of the internship experience.
2. Designating a qualified staff member to function as supervising counselor/therapist for the intern. The supervising counselor/therapist will be responsible, with the approval of the administration of the AGENCY/INSTITUTION/SCHOOL, for providing opportunities for the intern to engage in a variety of counseling activities under supervision and for evaluating the intern's performance. (Suggested counselor/therapist experiences are included in the course outline.)
3. Providing areas for conducting counseling sessions and for doing paperwork. Provisions will be made to ensure that students have the ability to meet course requirements for internship, especially regarding direct service hours with clients.

The STUDENT Shall Be Responsible for the Following:

1. Obtaining transportation to and from the site.
2. Scheduling and attending weekly supervision sessions with on-site supervisor and attending weekly supervision sessions with faculty supervisors.
3. Adhering to the ethical guidelines of the American Counseling Association's *Code of Ethics*.
4. Adhering to the policies and procedures, rules, and standards of the placement site.

**Equal Opportunity**

It is mutually agreed that neither party shall discriminate on the basis of race, color, nationality, ethnic origin, age, sex, or creed.

**Financial Agreement**

Financial stipulations, if any, may vary from one AGENCY/INSTITUTION/SCHOOL to another. If a financial stipulation is to be provided, the agreement is stipulated in a separate agreement and approved by the intern, the AGENCY/INSTITUTION/SCHOOL, and the UNIVERSITY.

**Termination**

It is understood and agreed by and between the parties hereto that the AGENCY/INSTITUTION/SCHOOL has the right to terminate the internship experience of the student whose health status is detrimental to the services provided to the patients or clients of the AGENCY/INSTITUTION/SCHOOL. Furthermore, it has the right to terminate the use of the AGENCY/INSTITUTION/SCHOOL by an intern if, in the opinion of the supervising counselor/therapist, such person's behavior is detrimental to the operation of the AGENCY/INSTITUTION/SCHOOL and/or to patient or client care. Such action will not be taken until the grievance against any intern has been discussed with the intern and with UNIVERSITY officials.

The names of the responsible individuals at the two institutions charged with the implementation of the contract are as follows:

______________________________  ________________________________
Internship supervisor at the UNIVERSITY  Agency supervising counselor/therapist at the AGENCY/INSTITUTION/SCHOOL

______________________________
AGENCY/INSTITUTION/SCHOOL (Administrator)

______________________________
UNIVERSITY (Representative)

In witness whereof, the parties hereto have caused this contract to be signed the day and year first written above.

______________________________
Witness

______________________________
Witness
Form 2.3: Student Profile Sheet

Directions: The student counselor is to submit this form in duplicate to the field site.

Practicum Student Counselor/Psychologist

Name ________________________________________________________________

Address ____________________________________________________________

____________________________________________________________________

Telephone: (home) ____________________________________________________

(office) _____________________________________________________________

Date ________________________________________________________________

I hold the degree of ____________________________________________________ from

___________________________________________________________ and have completed the following
courses as part of the ________________________________________ (degree)
program, with a major in ____________________________________________
from _________________________________.

Psychology of Human Development __________ Tests and Measurements ___________

Diagnosis and Treatment ________________ Personality Development _______________

Counseling Skills __________________________ Career Development ________________

Intro to Counseling _________________________ Legal and Ethical Issues ______________

Theories of Counseling ____________________ Process and Techniques of

Multicultural Counseling ___________________ Group Counseling ________________

Other (please specify) ___________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Professional and Nonprofessional Work Experience _______________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Form 2.4: Student Practicum/Internship Agreement

Directions: Student is to complete this form in duplicate and submit a copy of this agreement to the university practicum supervisor or internship coordinator.

1. I hereby attest that I have read and understood the American Psychological Association, the American Counseling Association, or other appropriate professional association’s *Code of Ethics* and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum/internship and a failing grade, and documentation of such behavior will become part of my permanent record.

2. I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/internship site.

3. I understand that my responsibilities include keeping my practicum/internship supervisor(s) informed regarding my practicum/internship experiences.

4. I understand that I will not be issued a passing grade in practicum/internship unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.

5. I understand I must obtain proper clearances (e.g., child abuse clearance, criminal background checks) or health tests (e.g., TB test) as required by the program and/or my site prior to the start of practicum and internship.

6. I understand that my placement site is subject to the approval of the program faculty.

Signature ___________________________

Date _______________________________
Form 3.1a: Parental Release Form: Secondary School Counseling

______________ school district offers short-term individual counseling and group counseling to students as the need arises. Parents/guardians or school staff may refer students for counseling, or students may request counseling. These counseling services are provided by ______________, the school counselor, or ______________, the counseling intern. Should it be determined that more extensive services are needed, it is the parent’s responsibility, with the assistance of the counselor, to arrange outside counseling or psychiatric services.

School counseling services are short-term services aimed to enhance the education and socialization of students within the school community. Trust is a cornerstone of the relationship between the counselor and student. Information shared by the student will be kept confidential except in certain situations in which ethical responsibility limits confidentiality. You will be notified if:

1. The student reveals information about hurting himself/herself or someone else.
2. The student or someone else may be in physical danger.
3. A court order is received directing disclosure of information.

We encourage you to contact us whenever you have a question, input, or concern.

The counseling intern is an advanced-level master’s degree student in the Department of __________ at __________ University. The University requires that the counseling sessions conducted by the counseling intern be audio/video recorded for confidential supervision purposes. Personal identifying details will be deleted, and the recording will be reviewed by the supervisor and peer members of the supervision group to review the counseling practice of the intern. The recording will be destroyed after the supervision review. Supervision requires that ethical standards regarding confidentiality be followed.

Student’s name ______________________________________

By signing this form, I give permission for my child to receive counseling services during the 20___ school year. I understand that anything my child shares is confidential except in the above-mentioned cases.

Parent/guardian________________________________________ Date___________________

I do ____ do not ____ give permission for the recording of sessions for confidential supervision purposes.
Form 3.1b: Elementary School Counseling Permission Form

Short Form

We, the parents of __________________________________________________________, acknowledge and approve of our child being seen by the elementary school counselor or counselor intern. The counselor may engage our child in any counseling services deemed appropriate in encouraging positive educational and social development.

We understand that the intern is an advanced-level graduate student in the Department of __________ at ______________ University and will audio/video record counseling sessions for supervision purposes. The recording will be reviewed by the University supervisor and peer group members of the supervision seminar to evaluate the intern’s counseling practice. The recording will be destroyed after supervision. Supervision requires following confidentiality standards established in the professional code of ethics.

_________________________ ____________
Parent signature

________________________ ______________
Date

OR

We, the parents of __________________________________________________________, acknowledge but do not give our permission for our child to be seen by the elementary school counselor or counseling intern to receive counseling services. We decline the offer of services at this time but reserve the opportunity to reconsider services at a later date.

________________________
Parent signature

________________________
Date
Form 3.2: Client Permission to Record Counseling Session for Supervision Purposes

I,__________________, give my permission for the counseling intern,__________________
_________________ to audio/video record my counseling sessions__________________ (fill in date or
inclusive dates if over a period of time). [If client is under 18, change wording to “record the coun-
seling sessions with my child” and fill in child’s name.] I understand that the counseling intern at
__________ Agency is an advanced-level master’s degree student in the Department of __________
at _______________ University. The University requires that the counseling sessions conducted by
the counseling intern be audio/video recorded for confidential supervision purposes. Personal
identifying details will be deleted, and the recording will be reviewed by the supervisor and peer
members of the supervision group to review the counseling practice of the intern. The recording
will be destroyed after the supervision review. Supervision requires that ethical standards regarding
confidentiality be followed.

________________________________________ Name of agency supervisor

________________________________________ Name of university supervisor

________________________________________     ________________________________
Client’s signature     Date

________________________________________
Parent/guardian signature
Form 3.3: Initial Intake Form

Name____________________________________________________________ Date ____________
Address _____________________ City ___________________ State _______ Zip ____________
Telephone (home) ______________ (work) ______________ (cell) ______________
Counselor’s name ___________________________________________________ Date ____________

Identifying Information

Age ______________ Date of birth___/___/____ Place ______________________________
Sex: Male ______ Female ______ Height ______ ft. ______ in. Weight ______ lbs.
Race: White ______ Black ______ Asian _____ Hispanic _____ Other ________
Marital status: M _____________ S ______________ D ______________ W _____________ Sep _____
If married, spouse’s name____________________________________________________ Age ______
Occupation (client) _________________________________ Employer _______________
Occupation (spouse) _________________________________ Employer _______________
Referral source: Self ______________________________ Other ____________________
Name of referral source ______________________________________________________
Address of referral source ____________________________________________________

Treatment History (General)

Are you currently taking medication? Yes ______ No ______
If yes, name(s) of the medication(s) ____________________________________________
Dosage of medication(s) _______________________________________________________
Provider of medication(s) _____________________________________________________
Have you received previous psychiatric treatment? Yes ____ No _____
If yes, name provider __________________________________________________________________________
Dates of service ______________________________ Location ______________________________
Reason for termination of treatment __________________________________________________________________________
Presenting problem or condition (current) _____________________________
Presenting factors (contributors) __________________________________________
Symptoms (describe) __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Acute __________________________________________________________________________ Chronic __________________________________________________________________________
Family History (General)

Father’s name _________________________________ Age ________ Living ________ Deceased ________
Occupation _____________________________________________ Full-time ________ Part-time ________
Mother’s name _________________________________ Age ________ Living ________ Deceased ________
Occupation _____________________________________________ Full-time ________ Part-time ________

Brother(s)/sister(s)

Name _________________________________ Age ________ Living ________ Deceased ________
Name _________________________________ Age ________ Living ________ Deceased ________
Name _________________________________ Age ________ Living ________ Deceased ________

Educational History (General)

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location</th>
<th>Dates</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary</td>
<td></td>
<td></td>
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<tr>
<td>College</td>
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<td>Trade</td>
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<td></td>
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<tr>
<td>Graduate</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Employment History (General)

<table>
<thead>
<tr>
<th>Title/Description</th>
<th>From When to When</th>
<th>Full- or Part-Time</th>
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<tbody>
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</tbody>
</table>
Form 3.4: Psychosocial History

Directions: Practicum/internship students should review/complete this form prior to the initiation of therapy and after completion of the Initial Intake Form.

I. Identifying Information

Name __________________________________________ Age ____________________
Address ______________________________________ Date of birth ________________
Phone _______________ Cell phone _____________ Marital status __________________

II. Presenting Problem/Complaint

Nature of complaint? ____________________________________________________________

When did the problem begin? (date of onset) _________________________________
How often does it occur? (be specific) __________________________________________
How does it affect your daily functioning? ________________________________________

Are there events, situations, and person(s) that precipitate it? ______________________

Symptoms:
Acute (describe) ________________________________________________________________
Chronic (describe) __________________________________________________________________

Previous treatment (list by whom, outcome, and reason(s) for termination of treatment)

Medical:
Physician’s name __________________________________________________________________
Treatment dates from __________________________ to _______________________________
Describe __________________________________________________________________________

Psychiatric:
Therapist’s name __________________________________________________________________
Treatment dates from __________________________ to _______________________________
Substance use ____________________________________________________________

III. Developmental History

Pregnancy ____________________________________________________________

Delivery ____________________________________________________________

Infancy (developmental milestones) ______________________________________

Middle childhood (developmental milestones) ______________________________

Young adulthood (developmental milestones) ______________________________

IV. Family History

Where were you born and raised? ________________________________________

What culture/ethnic group do you identify with? ____________________________

What is your primary language? ____________________________

Parent (names, ages, occupations) ________________________________________

Were your parents married? Yes _____________ No ________________

Do they remain married? Yes _____________ No ________________

If divorced, how were you affected by it? ____________________________

Who was primarily responsible for your upbringing? ________________________

Describe the relationship between your parents _________________________

Describe your relationship with your parents _____________________________

Do you feel supported by your family? Explain ___________________________

Do you feel loved in your family? Explain _________________________________

Describe how love was expressed in your family __________________________

Who was the disciplinarian in your family? ________________________________
How was discipline handled? ___________________________________________

Were you physically, verbally, or emotionally abused in any way? ________________

Describe your best memory ________________________________________________

Describe your worst memory ______________________________________________

V. Educational/Occupational History

Education (highest grade achieved) _______________________________________

Describe your school performance _________________________________________

Did you take any special classes? Explain ___________________________________

Did you have any special needs? __________________________________________

Do you have adequate reading skills? Yes_______ No_______

Do you have adequate math skills? Yes_______ No_______

Occupational

Have you served in the military? __________________________________________

When and where did you serve? __________________________________________

What was your rank? ____________________________________________________

Describe your duties ____________________________________________________

Usual occupation _______________________________________________________

Present status: Employed? _____ Unemployed? _____ Full time _____ Part time _____

Job satisfaction: Good _______ Fair _______ Poor _______

Estimate the number of jobs that you have held _____________________________

Longest continued employments (dates) _____________________________________

Reason(s) for leaving? Explain ___________________________________________

What impact does your present concern have on your employment?

None _____ Terminated _____ Absenteeism _____ Tardiness _____ Laid off _______

Poor work performance _____ Conflict with fellow workers _______

Conflict with employer _____
VI. Health History

Childhood diseases (list) ____________________________________________
______________________________________________________________
Surgeries? _____________________________________________________
______________________________________________________________
Current health (describe) _________________________________________
______________________________________________________________
Family health (grandparents, parents, children) ______________________
______________________________________________________________
Current medications (prescribed and over the counter). List _____________
______________________________________________________________
______________________________________________________________
Do you have any chronic medical problems? __________________________
______________________________________________________________
Do you have any bio-medical problems requiring medical monitoring? _____________
______________________________________________________________

VII. Relationship History

Single ____ Married _____ Separated _____ Divorced _____ Widowed ________
Common law________ Year married? ________
Number of children (names and ages) __________________________________
______________________________________________________________
Problems, stressors in the relationship? Explain _________________________
______________________________________________________________
Your perception of sexual relationship (attitudes/behavior) ________________
______________________________________________________________
______________________________________________________________
Have you ever been physically or emotionally abused in the relationship? _____________
______________________________________________________________

VIII. Additional Information

Information that has not been covered that you feel is an important consideration in your treatment (explain, be specific) ________________
______________________________________________________________
______________________________________________________________
Form 3.5: Case Notes

These case notes are confidential and must be kept in a secure place under the control of the counselor.

Counselor's name ____________________________  Agency/school ______________________

CLIENT IDENTIFYING DATA

Client's ID ______________________________________________  Age ________________  Sex _____
Date of session ___________________________________________  Session number __________
Recording: Audio _________________________________  Video _________________________________

Presenting/current concern (Subjective)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Key issues addressed

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Summary of the session (Objective)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Diagnostic impression(s) and interventions (Assessment)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Client progress/setbacks (Current internal/external dynamics that support or inhibit change)

________________________________________________________________________________________
________________________________________________________________________________________
Action to be taken (Plan)

________________________________________________________________________________________

________________________________________________________________________________________

Counselor’s comments

________________________________________________________________________________________

________________________________________________________________________________________

Supervisor’s comments

________________________________________________________________________________________

________________________________________________________________________________________

Date _________ Counselor’s signature ________________________________

Date _________ Supervisor’s signature ________________________________
Form 3.6: Weekly Schedule/Practicum Log

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Location</th>
<th>Time</th>
<th>Practicum Activity</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Student counselor name ________________________________________________

Week beginning __________________________ Ending _______________________

Total hours of direct service __________________________ Indirect service _________________

Site supervisor signature __________________________ Date _________________________
Form 3.7: Monthly Practicum Log

Directions

1. Record the dates of each week at the site where indicated.
2. Record the total number of hours per week for each activity under the appropriate column.
3. Total the number of hours for the week at the bottom of the week's column.
4. At the end of the month, total the hours spent in each activity by adding the hours across each activity; indicate the total in the monthly totals column.
5. Get the supervisor's signature. Keep this in your file to be submitted to the university internship coordinator at the completion of the internship.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Week 1 From: To:</th>
<th>Week 2 From: To:</th>
<th>Week 3 From: To:</th>
<th>Week 4 From: To:</th>
<th>Monthly Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake interview*</td>
<td></td>
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<td></td>
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<tr>
<td>Individual counseling*</td>
<td></td>
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<tr>
<td>Group counseling*</td>
<td></td>
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<tr>
<td>Family counseling*</td>
<td></td>
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<tr>
<td>Consulting/intervention*</td>
<td></td>
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<tr>
<td>Psychoeducation/guidance*</td>
<td></td>
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<tr>
<td>Community work</td>
<td></td>
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<tr>
<td>Career counseling*</td>
<td></td>
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<tr>
<td>Report writing</td>
<td></td>
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<td></td>
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<tr>
<td>Case conference</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Program planning</td>
<td></td>
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<tr>
<td>Testing/assessment</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Individual supervision</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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<td></td>
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<tr>
<td>Weekly totals</td>
<td></td>
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<tr>
<td>Total direct contact*</td>
<td></td>
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</tbody>
</table>

Note: * Indicates direct contact.

Intern's name _______________________________
Supervisor's signature and date _______________________________
### Form 4.1: Mental Status Checklist

**Appearance and Behavior**

<table>
<thead>
<tr>
<th>Check If Applies</th>
<th>Circle</th>
<th>Therapist’s Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Posture</td>
<td>Normal</td>
<td>Limp, rigid, ill at ease</td>
</tr>
<tr>
<td>2. Gestures</td>
<td>Normal</td>
<td>Agitated, tics, twitches</td>
</tr>
<tr>
<td>3. Grooming</td>
<td>Neat</td>
<td>Well groomed, disheveled, meticulous</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dirty, careless,</td>
</tr>
<tr>
<td>4. Dress</td>
<td>Casual</td>
<td>Inappropriate,</td>
</tr>
<tr>
<td></td>
<td>Formal</td>
<td>Seductive</td>
</tr>
<tr>
<td>5. Facial expression</td>
<td>Appropriate</td>
<td>Poor eye contact, dazed, staring</td>
</tr>
<tr>
<td>6. Speech</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Pace</td>
<td>Normal</td>
<td>Retarded, pressured, blocking</td>
</tr>
<tr>
<td>b. Volume</td>
<td>Normal</td>
<td>Soft, very loud, monotone</td>
</tr>
<tr>
<td>c. Form</td>
<td>Logical</td>
<td>Illogical, rambling, incoherent, coherent</td>
</tr>
<tr>
<td></td>
<td>Rational</td>
<td></td>
</tr>
<tr>
<td>d. Clarity</td>
<td>Normal</td>
<td>Garbled, slurred</td>
</tr>
<tr>
<td>e. Content</td>
<td>Normal</td>
<td>Loose, associations, rhyming, obscene</td>
</tr>
</tbody>
</table>

**Attention/Affect/Mood**

<table>
<thead>
<tr>
<th>Check If Applies</th>
<th>Circle</th>
<th>Therapist’s Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attention</td>
<td>Normal</td>
<td>Short span, hyper, alert, distractible</td>
</tr>
<tr>
<td>2. Mood</td>
<td>Normal</td>
<td>Elated, euphoric, agitated, fearful, hostile, sad</td>
</tr>
<tr>
<td>3. Affect</td>
<td>Appropriate</td>
<td>Inappropriate, shallow, flat, intense</td>
</tr>
</tbody>
</table>
### Perception and Thought Content

<table>
<thead>
<tr>
<th>Check If Applies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Hallucination</strong></td>
<td></td>
</tr>
<tr>
<td>a. Auditory</td>
<td></td>
</tr>
<tr>
<td>b. Visual</td>
<td></td>
</tr>
<tr>
<td>c. Tactile</td>
<td></td>
</tr>
<tr>
<td>d. Gustatory</td>
<td></td>
</tr>
<tr>
<td>e. Olfactory</td>
<td></td>
</tr>
<tr>
<td><strong>2. Delusion</strong></td>
<td></td>
</tr>
<tr>
<td>a. Paranoid</td>
<td></td>
</tr>
<tr>
<td>b. Persecutor</td>
<td></td>
</tr>
<tr>
<td>c. Grandiose</td>
<td></td>
</tr>
<tr>
<td>d. Reference</td>
<td></td>
</tr>
<tr>
<td>e. Control</td>
<td></td>
</tr>
<tr>
<td>f. Thought</td>
<td></td>
</tr>
<tr>
<td>g. Broadcasting</td>
<td></td>
</tr>
<tr>
<td>h. Insertion</td>
<td></td>
</tr>
<tr>
<td>i. Thought</td>
<td></td>
</tr>
<tr>
<td>withdrawal</td>
<td></td>
</tr>
<tr>
<td><strong>3. Illusions</strong></td>
<td></td>
</tr>
<tr>
<td>a. Visual</td>
<td></td>
</tr>
<tr>
<td>b. Auditory</td>
<td></td>
</tr>
<tr>
<td>Describe</td>
<td></td>
</tr>
<tr>
<td><strong>4. Other derealization</strong></td>
<td></td>
</tr>
<tr>
<td>a. Phobias</td>
<td></td>
</tr>
<tr>
<td>b. Obsessions</td>
<td></td>
</tr>
<tr>
<td>c. Compulsions</td>
<td></td>
</tr>
<tr>
<td>d. Ruminations</td>
<td></td>
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<tr>
<td>Describe</td>
<td></td>
</tr>
<tr>
<td><strong>5. Suicide/homicide</strong></td>
<td></td>
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<tr>
<td>Ideation</td>
<td></td>
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<tr>
<td>Plans</td>
<td></td>
</tr>
<tr>
<td>Describe</td>
<td></td>
</tr>
</tbody>
</table>

**Orientation**

<table>
<thead>
<tr>
<th>Oriented × 3</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Disoriented to:</td>
<td>Time</td>
<td>Place</td>
</tr>
</tbody>
</table>

**Judgment**

<table>
<thead>
<tr>
<th>Intact</th>
<th>Impaired</th>
</tr>
</thead>
</table>

Describe
### Concentration/Memory

1. Memory | Intact | Impaired
2. Immediate recall | Good | Poor
3. Reversals | Good | Poor
4. Concentration | Good | Poor

### Abstract Ability

<table>
<thead>
<tr>
<th></th>
<th>Good</th>
<th>Poor</th>
<th>Bizarre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similarities</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Absurdities</td>
<td>Recognized</td>
<td>Not recognized</td>
<td></td>
</tr>
<tr>
<td>Proverbs</td>
<td>Appropriate</td>
<td>Literal</td>
<td>Concrete</td>
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</tbody>
</table>

**Insight**

<table>
<thead>
<tr>
<th></th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Absent</th>
</tr>
</thead>
</table>
Form 4.2: Elementary School Counseling Referral Form

Please complete and return this confidential referral form to me. The form should be closed in a sealed envelope and placed in my office mailbox. Do not duplicate.

To: ______________________ School Counselor _______________________ Date ____________________

Priority

Low (schedule when available); High (as soon as possible); Emergency (see now)

Student’s name and grade _________________________________________________________________

Referred by _______________________________________________________________________________

Please check any behaviors of concern that you have observed:

☐ aggression  ☐ academics
☐ dramatic change in behavior  ☐ homework completion
☐ bullying—victim  ☐ study skills
☐ bullying—bully  ☐ organizational skills
☐ daydreams/fantasizes  ☐ impulsive
☐ poor peer relationships  ☐ always tired
☐ poor social skills  ☐ inattentive
☐ family concerns (illness, divorce)  ☐ disruptive
☐ suspected abuse  ☐ worried/anxious
☐ cries easily/often for age  ☐ scared
☐ self-image/self-confidence  ☐ sadness
☐ personal hygiene  ☐ withdrawn/shy
☐ lying  ☐ depressed
☐ stealing  ☐ defiant
☐ grief and loss  ☐ difficulty making friends
☐ other

Explanation: _______________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Best time to pull child from class: 1st choice _______________ 2nd choice _____________

I recommend this child for individual counseling __________; small group counseling __________.

Thank you for taking the time to share this information with me.
Form 4.3: Secondary School Counseling Referral Form

Please complete this confidential counseling referral form, place it in a sealed envelope, and place it in the mailbox of the counselor to whom you are making the referral. Do not duplicate.

Date referral received _______________________
Counselor's name ____________________________________________
Student's name and grade _________________________________________
Referred by ___________________________________________________

Priority:
Low (schedule when available)       High (as soon as possible)       Emergency (see now)
Have you had a discussion with the child’s parent(s) regarding this referral? Yes or no

Student’s Present Functioning (as you perceive it)

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-directed learner</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Attention span</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-image</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude toward authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works well with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes assignments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows classroom rules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please check any behaviors of concern that you have observed or have knowledge of:

☐ academic
☐ tardiness
☐ absences
☐ depression
☐ anger/aggression
☐ family issues (illness, divorce)
☐ truancy
☐ stress/anxiety
☐ suicidal thoughts
☐ health/hygiene
☐ peer relationships
☐ student/teacher issues
☐ boyfriend/girlfriend issues
☐ student/parent issues
☐ dramatic change in behavior
☐ hurts/cuts self
☐ sexuality issues
☐ child neglect/abuse
☐ dropout risk
☐ work habits/organization
☐ grief/loss
☐ withdrawn
☐ bullying—victim
☐ substance abuse
☐ bullying—bully
☐ other

Special skills, talents, or competencies this student has _____________________________

Reason for referral (based on your observations) _________________________________

Signature __________________________ Date ___________________

Position __________________________
Form 4.4: Therapeutic Progress Report

Date _____________________________
Therapist’s name _________________________________________
Therapist’s phone _________________________________________
Client’s name/ID _________________________________________
Client’s age ____________________ Sex _____________________
Sessions to date with client _________________________________________ (dates from/to and total number)

Client’s presenting complaint
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Therapeutic summary
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Methods of treatment
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Duration of treatment
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Current status
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Treatment recommendations
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_________________________________________ ________________________________________
Therapist’s signature             Supervisor’s signature
Form 5.1: Counseling Techniques List

Directions

1. First, examine the techniques listed in the first column. Then, technique by technique, decide the extent to which you use or would be competent to use each. Indicate the extent of use or competency by circling the appropriate letter in the second column. If you do not know the technique, then mark an “X” through the “N” to indicate that the technique is unknown. Space is available at the end of the techniques list in the first column to add other techniques.

2. Second, after examining the list and indicating your extent of use or competency, go through the techniques list again and, in the third column, circle the theory or theories with which each technique is appropriate. The third column, of course, can be marked only for those techniques with which you are familiar.

3. The third task is to become more knowledgeable about the techniques that you do not know—the ones marked with an “X.” As you gain knowledge relating to each technique, you can decide whether you will use it and, if so, with which kinds of clients and under what conditions.

4. The final task is to review the second and third columns and determine whether techniques in which you have competencies are within one or two specific theories. If so, are these theories the ones that best reflect your self-concept? Do those techniques marked reflect those most appropriate, as revealed in the literature, for the clients with whom you want to work?

Extent of Use Key

N = None       M = Minimal     A = Average     E = Extensive

Theory for Technique Key

Ad = Adlerian (Adler, Dreikurs)        Ge = Gestalt (Perls)
Be = Behavioral (Skinner, Bandura, Lazarus)    PC = Person Centered (Rogers)
CBT = Cognitive behavioral (Beck, Ellis, Meichenbaum)    Ps = Psychodynamic (Freud, Erikson)
Ex = Existential (May, Frankl)        Re = Reality (Glasser, Wubbolding)
FS = Family systems (Bowen, Satir, Minuchin)    SF = Solution focused (Berg, de Shazer)

<table>
<thead>
<tr>
<th>Technique</th>
<th>Extent of Use</th>
<th>Theory for Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC model</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Acceptance</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Accurate empathic understanding</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Analysis of resistance</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Analysis of transference</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Analyze cognitive triad</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Analyze defense mechanisms</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Technique</td>
<td>Extent of Use</td>
<td>Theory for Technique</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Analyzing cognitive distortions</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Assertiveness training</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Assignment of tasks</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Avoid focus on symptoms</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Behavioral tasks</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Bibliotherapy</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Birth order</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Boundary setting</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Bridging compliments to tasks</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Change faulty motivation</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Change focused questions</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Change maladaptive beliefs</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Changing language</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Clarify personal views on life and living</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Classical conditioning</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Cognitive homework</td>
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<tr>
<td>Cognitive restructuring</td>
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<tr>
<td>Commitment to change</td>
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<tr>
<td>Communication analysis</td>
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<tr>
<td>Communication training</td>
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<tr>
<td>Compliments</td>
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<tr>
<td>Confrontation</td>
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<tr>
<td>Co-therapy</td>
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<td>Detriangulation</td>
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<td>Disputing irrational beliefs</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<td>Dramatization</td>
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<td>Dream analysis</td>
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<td>Early recollections</td>
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<tr>
<td>Empty chair</td>
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<td>Enactments</td>
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<td>Encouragement</td>
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<td>Exaggeration exercise</td>
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<tr>
<td>Examine source of present value system</td>
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<tr>
<td>Examining automatic thoughts</td>
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<tr>
<td>Exception questions</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Technique</td>
<td>Extent of Use</td>
<td>Theory for Technique</td>
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<tr>
<td>---------------------------------------------</td>
<td>---------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Experiential learning</td>
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<td>Experiments</td>
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<tr>
<td>Explore quality world</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Explore subjective reality</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Exposing faulty thinking</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Family constellation</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Family-life chronology</td>
<td>N M A E</td>
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<tr>
<td>Finding alternative interpretations</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Flooding</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Focus on choice</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Focus on personal responsibility</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Focus on present problems</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Focus on what client can control</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Formulate first-session task</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Foster social interest</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Free association</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Genogram</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Genuineness</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Guided imagery</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Hypothesizing systemic roots of problems</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Identify and define wants and needs</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Identify basic mistakes</td>
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<tr>
<td>Immediacy</td>
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<td>Internal dialogue</td>
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</tr>
<tr>
<td>Interpretation</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>In vivo exposure</td>
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<tr>
<td>Keep therapy in the present</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
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<tr>
<td>Lifestyle assessment</td>
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<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Logotherapy</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Maintain analytic framework</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Making the rounds</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Miracle question</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Natural consequences</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Negative reinforcement</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Objective empathy</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Technique</td>
<td>Extent of Use</td>
<td>Theory for Technique</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Objective interview</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Observational tasks</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Operant conditioning</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Plan for acting</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Positive reinforcement</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Progressive muscle relaxation</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Psychoeducation</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Recognizing and changing unrealistic negative thoughts</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Reflection of feeling</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Reframing</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Rehearsal exercise</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Reject transference</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Reorientation</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Reversal exercise</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Scaling questions</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Sculpting</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Self-evaluation</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Self-monitoring</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Shame-attacking exercises</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Social skills training</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Staying with the feeling</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Stress inoculation training</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Subjective empathy</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Subjective interview</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Systematic desensitization</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Unbalancing</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
<tr>
<td>Unconditional positive regard</td>
<td>N M A E</td>
<td>Ad Be CBT Ex FS Ge PC Ps Re SF</td>
</tr>
</tbody>
</table>

Form 6.1: Self-Assessment of Counseling Performance Skills

**Purposes:** To provide the trainee with an opportunity to review levels of competency in the performance skill areas of basic helping skills and professional procedural skills.

To provide the trainee with a basis for identifying areas of focus for supervision.

**Directions:** Circle a number next to each item to indicate your perceived level of competence.

<table>
<thead>
<tr>
<th>Basic and Advanced Helping Skills</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to demonstrate active attending behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Ability to listen to and understand nonverbal behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Ability to listen to what client says verbally, noticing mix of experiences, behaviors, and feelings</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Ability to understand accurately the client’s point of view</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Ability to identify themes in client’s story</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Ability to identify inconsistencies between client’s story and reality</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Ability to respond with accurate empathy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Ability to ask open-ended questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Ability to help clients clarify and focus</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Ability to balance empathic response, clarification, and probing</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Ability to assess accurately severity of client’s problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Ability to establish a collaborative working relationship with client</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Ability to assess and activate client’s strengths and resources in problem solving</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Ability to identify and challenge unhealthy or distorted thinking or behaving</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Ability to use advanced empathy to deepen client’s understanding of problems and solutions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Ability to explore the counselor–client relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Ability to share constructively some of own experiences, behaviors, and feelings with client</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Ability to summarize</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Ability to share information appropriately</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. Ability to understand and facilitate decision making</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21. Ability to help clients set goals and move toward action in problem solving</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>22. Ability to recognize and manage client reluctance and resistance</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>23. Ability to help clients explore consequences of the goals they set</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Basic and Advanced Helping Skills</td>
<td>Poor</td>
<td>Average</td>
<td>Good</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------</td>
<td>------</td>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>24. Ability to help clients sustain actions in direction of goals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>25. Ability to help clients review and revise or recommit to goals based on new experiences</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>26. Ability to open the session smoothly</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>27. Ability to collaborate with client to identify important concerns for the session</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>28. Ability to establish continuity from session to session</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. Knowledge of policy and procedures of educational or agency setting regarding harm to self and others, substance abuse, and child abuse</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30. Ability to keep appropriate records related to counseling process</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31. Ability to end the session smoothly</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32. Ability to recognize and address ethical issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>33. Ability to integrate privacy practices and informed consent into initial session</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Trainee's signature  

Supervisor's signature  

Date
Form 6.2: Self-Awareness/Multicultural Awareness Rating Scale

KEY
1 = low—lack competence in this practice
2 = low average—some competence in this practice but need to improve
3 = average—adequate competence in this practice
4 = high average—competence level is more than adequate in this practice
5 = high—perform extremely well in this practice

Directions: Read each of the statements below and indicate the extent to which this applies to your counseling practice using the 1 through 5 key above.

____ 1. I explore how my personal attitudes can impact my clients.
____ 2. I understand how my family background impacts my activities and relationships.
____ 3. I understand how my early family experiences may trigger a reaction to my client’s concerns.
____ 4. I am aware of and can avoid imposing my own needs on clients.
____ 5. I reflect on my own dynamics following a counseling session, particularly when I have strong emotional reactions or am uncomfortable with my client’s emotional reactions.
____ 6. I reflect on my own dynamics following a counseling session, particularly when I have a strong negative judgment about my client’s thoughts, feelings, and behaviors.
____ 7. I understand countertransference and am aware of how my unresolved personal issues and conflicts can be projected onto my clients.
____ 8. I am aware of my own biases and prejudices. This includes issues of gender, sexual orientation, poverty, privilege, and authority relationships.
____ 9. I pay attention to the worldview of my client and how it may be different from mine.
____10. I understand and am aware of how my own culture may impact my counseling relationships.
____11. I understand how my religious values, political values, and family values impact my counseling relationships.
____12. I can broach cultural issues with my client and discuss issues of diversity.
____13. I am involved with cultures of people different from me.
____14. I help clients make decisions that are congruent with their own worldview.
____15. I help clients define goals that are consistent with their life experiences and cultural values.

Review your ratings on the above items. Pay particular attention to items rated 1 or 2 as they may indicate areas of focus needed in this skill area.
Form 6.3: Directed Reflection Exercise on Supervision

Respond to the following questions or directives using one or two sentences.

1. Describe your anxiety level about being supervised.
2. What are your concerns about being evaluated?
3. What is your internal dialogue about your counseling practice (i.e., I’m really bad at this, I need a lot of back-up, I’ll never be good enough, I’m very self-conscious)?
4. Describe your current level of confidence as a counselor.
5. What kind of structure and support do you hope for in supervision (a great deal, a moderate amount, a back-up)?
6. Describe the extent to which you feel dependent on your supervisor.
7. Describe what you need from your supervisor in the teacher role? The counselor role? The consultant role?
8. What areas of your counseling practice may need the most focus initially?
9. What is your comfort level for self-disclosing personal history as it relates to your work with clients?
10. How difficult would it be for you to give feedback to your supervisor about the supervisor–supervisee relationship?

Review your answers to the question and directives. You may want to discuss some of these questions with your peers in group supervision. Perhaps your peers could add additional questions to the list? Reviewing your answers can help you clarify your goals related to your developmental level in the supervision process.
Form 6.4: Supervisee Goal Statement

Directions: The student should complete this and provide a copy for your individual and/or group supervisor at the beginning of supervision. This will assist you in forming the supervision contract with your supervisor. The goal statements can be updated as appropriate when current goals are met and your contract is revised.

Student name ___________________________
Supervisor name _________________________
Date submitted __________________________

Counseling Performance Skills

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Cognitive Counseling Skills

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Self-Awareness/Multicultural Awareness

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Developmental Level

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Form 6.5: Recording Critique Form

Student counselor’s name ________________________________
Client ID ___________ No. of session ___________

Brief summary of session content:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Intended goals:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Comment on positive counseling behaviors:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Comments on areas of counseling practice needing improvement:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Concerns, observations, or comments regarding client dynamics:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Plans for further counseling with this client:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Recording submitted to __________________________
Date __________________________   __
Form 6.6: Peer Rating Form

Purposes

1. To provide the trainee with additional sources of feedback regarding skill development.
2. To provide the rater with the opportunity to increase knowledge and recognition of positive skill behavior.

Directions

1. The trainee submits this sheet to be completed by peers who review the trainee’s recordings in the group supervision class. The particular skills the counselor is working on are identified by the counselor trainee. All ethical guidelines regarding confidentiality must be followed for this recording review process, and the recording should be destroyed after the supervision session.
2. The peer writes remarks on all recordings reviewed, rating performance on the targeted skill behavior.
3. The information is cumulative to aid in review of progress.

Counselor’s name __________________________________________________________

Targeted skills (to be identified by counselor) ____________________________________
________________________________________________________________________
________________________________________________________________________

Remarks (based on all recordings reviewed during the week) ______________________
________________________________________________________________________
________________________________________________________________________

Signature of rater __________________________________________________________

Date __________________________________________________________
Form 6.7: Interviewer Rating Form

Rating of a Counseling Session Conducted by a Student Counselor

Client’s identification _______________________________________________________
Student counselor’s name ___________________________________________________
Check one:
___ Audio recording ___ Video recording ___ Observation ___ Other (specify) _________________
Signature of supervisor or observer _____________________________________________
Date of interview_____________________

Directions: Supervisor or peer of the student counselor circles a rating for each item and as much as possible provides remarks that will help the student counselor in his/her development.

<table>
<thead>
<tr>
<th>Specific Criteria</th>
<th>Rating</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Opening: Was opening unstructured, friendly, and pleasant? Any role definition needed? Any introduction necessary?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>2. Rapport: Did student counselor establish good rapport with client? Was the stage set for a productive interview?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>3. Interview responsibility: If not assumed by the client, did student counselor assume appropriate level of responsibility for interview conduct? Did student counselor or client take initiative?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>4. Interaction: Were the client and student counselor really communicating in a meaningful manner?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>5. Acceptance/permissiveness: Was the student counselor accepting and permissive of client’s emotions, feelings, and expressed thoughts?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>6. Reflections of feelings: Did student counselor reflect and react to feelings, or did the interview remain on an intellectual level?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>7. Student counselor responses: Were student counselor responses appropriate in view of what the client was expressing, or were responses concerned with trivia and minutia? Meaningful questions?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>8. Value management: How did the student counselor cope with values? Were attempts made to impose counselor values during the interview?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>9. Counseling relationship: Were student counselor–client relationships conducive to productive counseling? Was a counseling relationship established?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>10. Closing: Was closing initiated by student counselor or client? Was it abrupt or brusque? Any follow-up or further interview scheduling accomplished?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>11. General techniques: How well did the student counselor conduct the mechanics of the interview?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>
A. Duration of interview: Was the interview too long or too short? Should interview have been terminated sooner or later?
B. Vocabulary level: Was student counselor vocabulary appropriate for the client?
C. Mannerisms: Did the student counselor display any mannerisms that might have adversely affected the interview or portions thereof?
D. Verbosity: Did the student counselor dominate the interview, interrupt, override, or become too wordy?
E. Silences: Were silences broken to meet student counselor needs, or were they dealt with in an effectual manner?

**Comments for student counselor assistance:** Additional comments that might assist the student counselor in areas not covered by the preceding suggestions.
Form 7.1: Supervision Contract

Purpose: The purpose of the supervision is to monitor client services provided by the supervisee and to facilitate the professional development of the supervisee. This ensures the safety and well-being of our clients and satisfies the clinical supervision requirements of ______________ University and ________________ school/agency.

Supervisor’s Responsibilities

• The supervisor agrees to provide face-to-face supervision to the supervisee for 1 hour per week at a regularly scheduled time for the fall/spring practicum/internship semester as required by ______________ University.
• The supervisor will complete forms required by the University concerning hours, completion, verification, and evaluation of the supervisee’s practicum/internship and make appropriate contact with the University liaison concerning supervisee’s progress.
• The supervisor will make a recommendation as to the student’s grade, but responsibility for the final grade rests with the University.
• The supervisor will review audio recordings, case notes, and other written documents; do live observations; and co-lead groups as part of the supervision format.
• The supervision sessions will focus on professional development, teaching, mentoring, and the personal development of the supervisee.
• Skill areas will include counseling performance skills and professional practices, cognitive counseling skills, self-awareness/multicultural awareness, and developmental level in supervision.
• The supervisor will provide weekly formative evaluation, document supervision sessions, and provide summative evaluations based on mutually agreed-on supervision goals. Evaluation will be offered within the skill categories listed above and use evaluation instruments recommended by the University program.
• The supervisor will practice consistent with accepted ethical standards.

Supervisee’s Responsibilities

• Uphold the American Counseling Association/Canadian Counseling and Psychotherapy Association Code of Ethics.
• Prepare for weekly supervisions by reviewing audio recordings and framing concerns for focus of the supervision session.
• Be prepared to discuss and justify the case conceptualization made and approach and techniques used.
• Reflect on your own personal dynamics and any multicultural issues that may surface in your sessions.
• Review any ethical dimensions that may be important in your sessions.
• Contact supervisor immediately in any crisis situations involving harm to self or others or abuse of a child, vulnerable adult, or elder.
• Keep notes regarding the supervision sessions.
• Provide the supervisor with audio/video recordings to be reviewed prior to the supervision session.
GOAL 1:

Objective 1: __________________________________________
Objective 2: __________________________________________
Objective 3: __________________________________________

GOAL 2:

Objective 1: __________________________________________
Objective 2: __________________________________________
Objective 3: __________________________________________

GOAL 3:

Objective 1: __________________________________________
Objective 2: __________________________________________
Objective 3: __________________________________________

GOAL 4:

Objective 1: __________________________________________
Objective 2: __________________________________________
Objective 3: __________________________________________

Supervisor signature and date ________________________________
Supervisee signature and date ________________________________
Form 7.2: Supervisor Notes

Supervisor name ____________________________________________

Supervisee name ____________________________________________

Session #
Supervisee concerns ____________________________________________
Date ______________________________________________________
Supervision intervention/strategies/recommendations _______________________


Supervisor observation of counselor’s skill level _______________________

Session #
Supervisee concerns ____________________________________________
Date ______________________________________________________
Supervision intervention/strategies/recommendations _______________________


Supervisor observation of counselor’s skill level _______________________

Supervisor signature and date ________________________________________
Form 7.3: Supervisee Notes on Individual Supervision

The supervisee should keep brief notes summarizing the weekly supervision session.
For supervision from ________________ to ________________ .

______________________________________________________________________
Session insights and/or comments ________________________________________
(Dates) ____________________________________________________________________________

______________________________________________________________________
Session insights and/or comments ________________________________________
(Dates) ____________________________________________________________________________

______________________________________________________________________
Session insights and/or comments ________________________________________
(Dates) ____________________________________________________________________________

______________________________________________________________________
Session insights and/or comments ________________________________________
(Dates) ____________________________________________________________________________

______________________________________________________________________
Session insights and/or comments ________________________________________
(Dates) ____________________________________________________________________________

______________________________________________________________________
Session insights and/or comments ________________________________________
(Dates) ____________________________________________________________________________

Supervisee’s signature and date ____________________________________________
Supervisor’s signature and date ____________________________________________

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Form 7.4: Supervisor's Formative Evaluation of Supervisee's Counseling Practice

Name of student counselor ________________________________________________________  
Identifying code of client ________________________________________________________  
Date of supervision _______________ or period covered by the evaluation ________________

**Directions:** The supervisor, following each counseling session that has been supervised or after several supervisions covering a period of time, circles a number that best evaluates the student counselor on each performance at that point in time.

<table>
<thead>
<tr>
<th>General Supervision Comments</th>
<th>Poor</th>
<th>Adequate</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates a personal commitment in developing professional competencies</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>2. Invests time and energy in becoming a counselor</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>3. Accepts and uses constructive criticism to enhance self-development and counseling skills</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>4. Engages in open, comfortable, and clear communication with peers and supervisors</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>5. Recognizes own competencies and skills and shares these with peers and supervisors</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>6. Recognizes own deficiencies and actively works to overcome them with peers and supervisors</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>7. Completes case reports and records punctually and conscientiously</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Counseling Process</th>
<th>Poor</th>
<th>Adequate</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Researches the referral prior to the first interview</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>9. Keeps appointments on time</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>10. Begins the interview smoothly</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>11. Explains the nature and objectives of counseling when appropriate</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>12. Is relaxed and comfortable in the interview</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>13. Communicates interest in and acceptance of the client</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>14. Facilitates client expression of concerns and feelings</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
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<tr>
<td>15. Focuses on the content of the client's problem</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
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<tr>
<td>16. Recognizes and resists manipulation by the client</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>17. Recognizes and deals with positive affect of the client</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>18. Recognizes and deals with negative affect of the client</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>19. Is spontaneous in the interview</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>20. Uses silence effectively in the interview</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>21. Is aware of own feelings in the counseling session</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>22. Communicates own feelings to the client when appropriate</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
</tr>
<tr>
<td>23. Recognizes and skillfully interprets the client's covert messages</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
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<tr>
<td>24. Facilitates realistic goal setting with the client</td>
<td>1</td>
<td>2 3 4 5</td>
<td>6</td>
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</tbody>
</table>

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25. Encourages appropriate action-step planning with the client
26. Employs judgment in the timing and use of different techniques
27. Initiates periodic evaluation of goals, action-steps, and process during counseling
28. Explains, administers, and interprets tests correctly
29. Terminates the interview smoothly

<table>
<thead>
<tr>
<th>The Conceptualization Process</th>
<th>Poor</th>
<th>Adequate</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Focuses on specific behaviors and their consequences, implications, and contingencies</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>31. Recognizes and pursues discrepancies and meaning of inconsistent information</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>32. Uses relevant case data in planning both immediate and long-range goals</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>33. Uses relevant case data in considering various strategies and their implications</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>34. Bases decisions on a theoretically sound and consistent rationale of human behavior</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>35. Is perceptive in evaluating the effects of own counseling techniques</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>36. Demonstrates ethical behavior in the counseling activity and case management</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional comments and/or suggestions: 

Date ________________ Signature of supervisor __________________________

or peer __________________________

My signature indicates that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date ________________ Signature of student counselor __________________________
### Form 7.5: Supervisor’s Final Evaluation of Practicum Student

**Supervisor name and signature** ______________________________________________

**Supervisee name and signature** ______________________________________________

**Date** _______________________

**Directions:** The supervisor will indicate the degree to which the supervisee has demonstrated competency in each of the following areas by indicating 3 for exceeds expectations, 2 for meets expectations, or 1 for does not meet expectations. This completed form will be given to the faculty group supervisor to be considered as part of the final practicum grade.

- [ ] Consistently demonstrates the use of basic and advanced helping skills
- [ ] Has the ability to appropriately use additional theory-based techniques consistent with at least one theoretical framework
- [ ] Demonstrates skill in opening and closing sessions and managing continuity between sessions
- [ ] Demonstrates knowledge and integration of ethical standards into practice
- [ ] Has cognitive skills of awareness, observation, and recognition of relevant data to explain some client dynamics
- [ ] Writes accurate case notes, intake summaries, and case conceptualizations
- [ ] Recognizes how several of his/her personal dynamics may impact a client and the counseling session and demonstrates sensitivity to cultural differences
- [ ] Demonstrates moderate to low levels of anxiety and moderate to low levels of dependency on supervisor direction during supervision sessions

**Additional comments and suggestions:**

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Form 7.6: Supervisor’s Final Evaluation of Intern

Please indicate your evaluation of the intern on the following competencies using the following rating scale:

1 = low (lacks competency)
2 = low average (possesses competency but needs improvement)
3 = average (possesses adequate competency)
4 = high average (performance level more than adequate)
5 = high (performs extremely well)

Counseling Performance Skills

_____ 1. Uses basic and advanced counseling techniques.
_____ 2. Opens and closes sessions smoothly, incorporates privacy and informed consent information, and manages transitions between sessions.
_____ 3. Develops a therapeutic relationship with a wide variety of clients.
_____ 4. Appropriately uses theory-based techniques consistent with personal guiding theory.
_____ 5. Responds and intervenes appropriately in crisis situations.
_____ 6. Recognizes ethical dilemmas and follows a consistent ethical decision-making process.
_____ 7. Practices in a manner consistent with the American Counseling Association’s Code of Ethics standards.

Cognitive Counseling Skills

1. Demonstrates competencies in
   _____ Assessment
   _____ Case conceptualization
   _____ Goal setting
   _____ Treatment planning
   _____ Record keeping and case notes
   _____ 3. Conceptualizes cases accurately.
   _____ 4. Develops appropriate goals as a result of conceptualization.
   _____ 5. Identifies key themes relevant to the client.
   _____ 6. Identifies key factors maintaining client problems.
   _____ 7. Moves clients toward achieving mutually formed goals.
Self-Awareness/Multicultural Awareness

_____ 1. Examines transference/countertransference issues as related to clients.
_____ 2. Examines personal values as related to work with clients.
_____ 3. Recognizes how elements of culture impact the client’s view of the counseling process.
_____ 4. Demonstrates the qualities of openness, flexibility, and emotional stability.
_____ 5. Communicates an understanding of each client’s worldview as perceived by the client and develops goals consistent with client’s worldview.
_____ 6. Identifies and examines multicultural elements related to assessment, goal setting, and intervention strategies.

Developmental Level in Supervision

_____ 1. Comes to supervision prepared and open to receiving feedback.
_____ 2. Identifies appropriate priorities for the work in supervision.
_____ 3. Functions with appropriate autonomy and knows when to consult.
_____ 5. Comfortably integrates all elements of practice when receiving supervision.
_____ 6. Demonstrates reflective thinking when reviewing a case.

In comparison with other counselors at this stage in their development, how would you rate this person?

1  2  3  4  5  6  7  8  9  
Clearly deficient  Like others  Clearly excellent

Comments _________________________________________________________________

__________________________________________________
Supervisor                        Supervisee

Date ___________________________
Form 7.7: Evaluation of Intern’s Practice in Site Activities

Directions: The site supervisor is to complete this form in duplicate. One copy is to go to the student; the other copy is sent to the faculty liaison. The areas listed below serve as a general guide for the activities typically engaged in during counselor training. Please rate the student on the activities in which he/she has engaged using the following scale:

A = Functions extremely well and/or independently
B = Functions adequately and/or requires occasional supervision
C = Requires close supervision in this area
NA = Not applicable to this training experience

Training Activities

____ 1. Intake interviewing
____ 2. Individual counseling/psychotherapy
____ 3. Group counseling/psychotherapy
____ 4. Testing: Administration and interpretation
____ 5. Report writing/documentation
____ 6. Consultation with other professionals or parents/family
____ 7. Psychoeducational activities
____ 8. Career counseling
____ 9. Family/couple counseling
____ 10. Case conference or staff presentation
____ 11. Other

Additional Comments

Please use the additional space for any comments that would help us evaluate the student's progress. Student may comment on exceptions to ratings, if any.

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Student name ___________________________ Supervisor signature ________________
Site _________________________________ Date ____________________________

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Form 7.8: Client’s Assessment of the Counseling Experience

Counselor's name ________________
Date __________________________

Directions: Please read the following statements and place a check next to the ones that accurately describe your counseling experience with this counselor.

_____ I got the help that I needed with my concerns.
_____ I was satisfied with the relationship I had with my counselor.
_____ I received help with concerns that were in addition to my original concerns.
_____ I feel much better now compared to how I was feeling when I started counseling.
_____ The counseling helped me understand myself better.
_____ I would gladly return to this counselor if I wanted help with another concern.
_____ I would recommend this counselor to a friend.
_____ My counselor was competent and skilled.
_____ My counselor put me at ease right away.
_____ My counselor understood and was sensitive to my feelings and my situation.
_____ I didn’t feel free to talk about all my concerns with my counselor.
_____ Counseling helped me see a number of things I could do to change and improve my situation.
_____ The counselor asked questions and made comments that made it easy for me to talk about my concerns.
_____ I felt I could not get my story across and that I couldn't get the counselor to understand me.
_____ I felt I could be honest and talk about my feelings and thoughts and behaviors openly.
_____ I would prefer to work with a counselor who has a different approach to counseling.

Thank you for completing this form. Your feedback will be very helpful.
Form 7.9: Supervisee Evaluation of Supervisor**

Directions: The student counselor is to evaluate the supervision received. Circle the number that best represents how you, the student counselor, feel about the supervision received. After the form is completed, the supervisor may suggest a meeting to discuss the supervision desired.

Name of practicum/internship supervisor ____________________________

Period covered: From ____________________________ to ____________________________

1. Gives time and energy in observations, recording processing, and case conferences. 1 2 3 4 5 6
2. Accepts and respects me as a person. 1 2 3 4 5 6
3. Recognizes and encourages further development of my strengths and capabilities. 1 2 3 4 5 6
4. Gives me useful feedback when I do something well. 1 2 3 4 5 6
5. Provides me the freedom to develop flexible and effective counseling styles. 1 2 3 4 5 6
6. Encourages and listens to my ideas and suggestions for developing my counseling skills. 1 2 3 4 5 6
7. Provides suggestions for developing my counseling skills. 1 2 3 4 5 6
8. Helps me understand the implications and dynamics of the counseling approaches I use. 1 2 3 4 5 6
9. Encourages me to use new and different techniques when appropriate. 1 2 3 4 5 6
10. Is spontaneous and flexible in the supervisory sessions. 1 2 3 4 5 6
11. Helps me define and achieve specific concrete goals for myself during the practicum experience. 1 2 3 4 5 6
12. Gives me useful feedback when I do something wrong. 1 2 3 4 5 6
13. Allows me to discuss problems I encounter in my practicum/internship setting. 1 2 3 4 5 6
14. Pays appropriate amount of attention to both my clients and me. 1 2 3 4 5 6
15. Focuses on both verbal and nonverbal behavior in me and in my clients. 1 2 3 4 5 6
16. Helps me define and maintain ethical behavior in counseling and case management. 1 2 3 4 5 6
17. Encourages me to engage in professional behavior. 1 2 3 4 5 6
18. Maintains confidentiality in material discussed in supervisory sessions. 1 2 3 4 5 6

Notes: * This form was designed by two Purdue graduate students based on material drawn from Counseling Strategies and Objectives, by H. Hackney and S. Nye (1973). Englewood Cliffs, NJ: Prentice Hall. Printed by permission from Harold Hackney, PhD.

* This form originally was printed in chapter 10 of the Practicum Manual for Counseling and Psychotherapy, by K. Dimick and F. Krause (Eds.) (1980). Muncie, IN: Accelerated Development.

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19. Deals with both content and affect when supervising. 1  2  3  4  5  6
20. Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision. 1  2  3  4  5  6
21. Helps me organize relevant case data in planning goals and strategies with my client. 1  2  3  4  5  6
22. Helps me to formulate a theoretically sound rationale of human behavior. 1  2  3  4  5  6
23. Offers resource information when I request or need it. 1  2  3  4  5  6
24. Helps me develop increased skill in critiquing and gaining insight from my counseling recordings. 1  2  3  4  5  6
25. Allows and encourages me to evaluate myself. 1  2  3  4  5  6
26. Explains his/her criteria for evaluation clearly and in behavioral terms. 1  2  3  4  5  6
27. Applies his/her criteria fairly in evaluating my counseling performance. 1  2  3  4  5  6

**Additional Comments and/or Suggestions**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

My signature indicates that I have read the above report and have discussed the content with my supervisee. It does not necessarily indicate that I agree with the report in part or in whole.

________________________________________________________________________
Supervisee’s signature and date
Form 7.10: Site Evaluation Form

Directions: The student completes this form at the end of the practicum and/or internship. This should be turned in to the university supervisor or internship coordinator as indicated by the university program.

Name ___________________________ Site ___________________________
Dates of placement __________________ Site supervisor _______________________
Faculty liaison _______________________

Rate the following questions about your site and experiences with the following scale:
A. Very satisfactory  B. Moderately satisfactory  C. Moderately unsatisfactory  D. Very unsatisfactory

1. ______ Amount of on-site supervision
2. ______ Quality and usefulness of on-site supervision
3. ______ Usefulness and helpfulness of faculty liaison
4. ______ Relevance of experience to career goals
5. ______ Exposure to and communication of school/agency goals
6. ______ Exposure to and communication of school/agency procedures
7. ______ Exposure to professional roles and functions within the school/agency
8. ______ Exposure to information about community resources
9. ______ Rate all applicable experiences that you had at your site:
   ______ Report writing
   ______ Intake interviewing
   ______ Administration and interpretation of tests
   ______ Staff presentation/case conferences
   ______ Individual counseling
   ______ Group counseling
   ______ Family/couple counseling
   ______ Psychoeducational activities
   ______ Consultation
   ______ Career counseling
   ______ Other

10. ______ Overall evaluation of the site

Comments: Include any suggestions for improvements in the experiences you have rated moderately unsatisfactory (C) or very unsatisfactory (D). ____________________________________________________________

________________________________________________________________________

________________________________________________________________________
## Form 7.11: Weekly Internship Log

**Directions:** Fill in the number of hours spent in each activity for each day at your internship site. Activities with an * are those activities that are counted as direct contact hours.

Week of: From ________________ to________________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual counseling*</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Group counseling*</td>
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<tr>
<td>Family/couple counseling*</td>
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<tr>
<td>Career counseling*</td>
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<tr>
<td>Intake interview*</td>
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<tr>
<td>Consulting with professionals or parents*</td>
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<tr>
<td>Crisis intervention/referral*</td>
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<tr>
<td>Psychoeducation/guidance*</td>
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<tr>
<td>Testing/assessment</td>
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<tr>
<td>Documentation</td>
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<tr>
<td>Program/case planning</td>
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<td>Case conference</td>
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<td>Professional development</td>
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<tr>
<td>Total direct contact hours*</td>
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<tr>
<td>Total indirect contact hours</td>
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<td>Total hours</td>
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</table>

__________________________  ____________________________  
Student signature and date  Supervisor signature and date
Form 7.12: Summary Internship Log

**Directions:** Fill in the dates of each week of internship where indicated. Fill in the total number of hours spent in each activity for the week indicated. Indicate the total number of hours spent in direct contact with clients (activity indicated by *). Total the hours spent in indirect contact. Then, indicate the total of all hours where indicated at the bottom of the form. Hours in supervision are not included in total hours.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Week&gt;</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual counseling*</td>
<td>Dates&gt;</td>
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<td>Group counseling*</td>
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<td>Couple/family counseling*</td>
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<td>Career counseling*</td>
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<td>Intake interview*</td>
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<td>Consulting with professionals/parents*</td>
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<td>Testing/assessment</td>
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<td>Crisis intervention/ referrals*</td>
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<td>Psychoeducation/guidance*</td>
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<tr>
<td>Documentation/report writing/grant preparation</td>
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<td>Program/case planning</td>
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<td>Professional development</td>
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<td>Other/please list</td>
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| Individual supervision/site                 |       |   |   |   |   |   |   |   |   |       |
| Group supervision                            |       |   |   |   |   |   |   |   |   |       |

|                                             |       |   |   |   |   |   |   |   |   |       |
| Total direct contact hours                  |       |   |   |   |   |   |   |   |   |       |
| Total indirect contact hours                |       |   |   |   |   |   |   |   |   |       |
| Total hours                                 |       |   |   |   |   |   |   |   |   |       |

_________________________  _______________________
Student signature and date  Supervisor signature and date

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Form 10.1: Suicide Consultation Form

Directions: Student will complete this form when working with a potentially suicidal client. The student will take this information to his/her supervisor for consultation, collaborate on a treatment plan, and place in client’s file.

Part I

Name of institution ____________________________
Intern's name ____________________________ Supervisor's name ____________________________
Supervisor's professional degree ____________________________
Supervisor is licensed in ____________________________ Supervisor is certified in ____________________________
Client's name ____________________________ Client's age __________
If the client is a minor, has the parent signed a consent form? ____________________________
When was the counseling initiated? Month __________ Day __________ Year __________
Where was counseling initiated? ____________________________
Number of times you have seen this client ____________________________

Part II

Check the presenting symptoms often associated with a suicidal client.
Client is between the ages of 14 and 19. Yes ________ No ________
Client is depressed. Yes ________ No ________
If yes, include a description of the client’s depressive behavior:
________________________________________________________________________
________________________________________________________________________
Has a previous attempt of suicide occurred? Yes______ No______
If yes, how long ago was the attempt? ____________________________
Is the client abusing alcohol? Yes ________ No ________
If yes, how much does he/she drink? ____________________________
________________________________________________________________________
Is the client abusing some other substance? Yes ________ No______
If yes, what other substance? ____________________________
________________________________________________________________________
Is rational thinking lost? Yes ________ No ________
If yes, explain how this behavior is manifested: ____________________________
________________________________________________________________________
________________________________________________________________________
Does the client have little social support? Yes ________ No ________

How does the client spend his/her time? __________________________________________

______________________________________________________________________________

Does the client have an organized suicide plan? Yes ________ No ________
If yes, what is the plan? _________________________________________________________

______________________________________________________________________________

If there is a plan, does it seem irreversible, for example, gunshot? 
Yes_______ No_______

Is the client divorced, widowed, or separated? Yes ________ No ________

Is the client physically sick? Yes_______ No ________
If yes, describe the symptoms: _____________________________________________________

______________________________________________________________________________

Does the client have sleep disruption? Yes_______ No_______
If yes, describe the disruption: _____________________________________________________

______________________________________________________________________________

Has the client given his/her possessions away? Yes_______ No_______

Does the client have a history of previous psychiatric treatment or hospitalization? 
Yes ________ No ________
If yes, describe for what the client was hospitalized: ________________________________

______________________________________________________________________________

Does the client have anyone near him/her to intervene? Yes_______ No_______

Does the client seem agitated? Yes ________ No ________
If yes, describe the client’s behavior: __________________________________________________

______________________________________________________________________________
Part III

Describe and summarize your interactions with the client. What are his/her basic problems? What is your goal with the client? What techniques are you using?

__________________________________________________________________________

__________________________________________________________________________

Describe your supervisor’s reaction to the problem:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Supervisor’s signature

What are your plans for the client? _____________________________________________

__________________________________________________________________________

__________________________________________________________________________
Form 10.2: Harm to Others Form

Directions: Student completes the form prior to supervisory sessions and records supervisor's comments and reactions; student and supervisor then sign the completed form. The student should keep the form in his/her confidential records.

1. Student's name ____________________________________________________________
   Client's name ____________________________________________________________

2. Number of times the client has been seen ________________________________

3. Dates client has been seen ______________________________________________
   Client's presenting problem ________________________________________________

Risk Assessment

Does the client have any of the following characteristics, traits, or current life circumstances? (Check yes for all that apply.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of previous violence toward others (e.g., hitting, slapping, punching, stabbing, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of violence at a young age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment instability or problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance use history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current use of substances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental illness diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presence of psychopathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maladjustment early in life (e.g., problems in school, problems with peers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis of a personality disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lacking in insight into the mental disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active symptoms of the mental disorder</td>
<td></td>
<td></td>
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<tr>
<td>Negative perceptions toward authority or those trying to intervene to help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of impulsive behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to means of lethality (e.g., weapons, guns, knives, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of being unresponsive to treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presence of current life stressors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Clinical Assessment Areas for Risk

4. What did the client do or say to make the counselor concerned that he/she could represent a “harm to others”? 

5. Describe the client’s history of violence or criminal behavior 

6. Have you consulted the client’s case notes/treatment records for such a history? 

7. Does the client have a history of child abuse and maltreatment? If yes, briefly describe: 

8. Does the client have a history of substance abuse? Describe the client’s history and current use of substances? 

9. Is the client experiencing hallucinations (auditory or visual), and does the client perceive that his/her life is being threatened? Describe: 

10. What is the client’s history of dealing with stress? Describe his/her level of impulse control, reactivity to stressful situations, and history of acting without thinking: 

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11. What stressors is the client currently facing, and does he/she have any support in dealing with them? (Stressors can be relational, related to work, finances, housing, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. Was a specific victim(s) named?

________________________________________________________________________

13. If the victim was not named, what was the relationship of the client to the victim?

________________________________________________________________________

14. If the victim was not named, did the counselor suspect who the person was?

________________________________________________________________________

15. Was a clear threat made? If yes, what threat?

________________________________________________________________________

16. Is serious danger present? For example, does the client have access to victims and to weapons and the setting in which to commit violence?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

17. Is the danger believed to be imminent? If so, why?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If not, why not?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

18. Supervisor’s reaction/advice?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

19. What plan of action is to be taken?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student’s signature

________________________________________________________________________

Supervisor’s signature

________________________________________________________________________

Date of conference
Form 10.3: Child Abuse Reporting Form

Counselor trainee and position

Date and time

Alleged perpetrator  DOB
Address

Alleged victim  DOB
Address

Information obtained from  DOB
Address

Relationship to alleged perpetrator
Relationship to alleged victim
Brief description of incident or concern

Incident(s) ongoing? Or specific date

Reported to immediate supervisor on
Supervisor's name and position

Reported to children and youth services on Time
Children and youth worker's name

Alleged perpetrator aware of report? Yes No
Alleged victim aware of report? Yes No
Alleged perpetrator in counseling? Yes No
If so, where?
Alleged victim in counseling? Yes No
If so, where?

Results

Counselor trainee's signature
Field supervisor's signature

cc: Client's file, Agency file

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Form 10.4: Substance Abuse Assessment Form

Directions: Student asks the client the specific questions addressed on the form as a way to make a clinical assessment of the level of severity of use and abuse of substances in the client’s life. The completed form is kept in the student’s confidential file.

1. What substances do you or have you used? __________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

2. How long have you used (beginning with experimentation)? __________________________
   ___________________________________________________________________

3. How often are you high in a week? _______________________________________________
   ___________________________________________________________________

4. How many of your friends use? _________________________________________________
   ___________________________________________________________________

5. Are you on medication? ________________________________________________________
   ___________________________________________________________________

6. Do you have money for chemicals? How much? _____________________________________
   ___________________________________________________________________

7. How much do you spend for drugs or alcohol in a month? __________________________
   ___________________________________________________________________

8. Who provides if you are broke? _________________________________________________
   ___________________________________________________________________

9. Have you ever been busted (police, school, home, DWIs)? __________________________
   ___________________________________________________________________

10. Have you lost a job because of your use? _________________________________________
    ___________________________________________________________________

11. What time of day do you use? _________________________________________________
    ___________________________________________________________________

12. Do you use on the job or in school? _____________________________________________
    ___________________________________________________________________
13. Does it take more, less, or about the same amount of the substance to get you high? _______


15. Do you sneak using? How do you do it? ________________

16. Do you hide things? ________________

17. Do you have rules for using? What are they? How did they come about? ________________

18. Do you use alone? ________________

19. Have you ever tried to quit? How often have you tried to quit and not been able to? ______

20. Have you had any withdrawal symptoms? ________________

21. Have you lost your “good time highs”? ________________

22. Have you ever thought about suicide? ________________

23. Do you mix your chemicals when using? ________________

24. Do you ever shift from one chemical to another? Yes ____________ No ____________
   What happened that made you decide to shift? ___________________________

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25. Do you avoid people who don’t use? ____________________________

26. Do you avoid talking about your drug or alcohol use? ____________________________

27. Have you done things when using that you are ashamed of? Yes ______ No ______

   What happened? ____________________________

28. Who is the most important person in your life, including yourself? ____________________________

29. How are you taking care of him/her? ____________________________

30. On a scale of 1 (low) to 10, how is your life going? ____________________________

   Explain ____________________________

31. Are there any harmful consequences you are aware of in your chemical use other than those
touched upon? ____________________________

32. Do you think your chemical is harmful to you? Yes ______ No ______

   Do you think you have a chemical problem? Yes ______ No ______

   Explain ____________________________

Student’s signature ____________________________

Client’s signature ____________________________

Supervisor’s signature ____________________________

Date ____________________________