

Practicum Manual
Counseling and Career Development
Colorado State University

List of Practicum Forms

1. Counseling Student Agreement	12
2. Student Information Sheet	13
3. Confirmation of Pre-Practicum Requirements and Proof of Liability Insurance	14
4. Practicum Site Agreement	15
5. Adult Disclosure Statement	17
6. Adolescent Disclosure Statement	18
7. Child Disclosure Statement for CSU Lab.....	19
8. Child Disclosure Statement for School Placements.....	20
9. Release to Record and/or Observe.....	21
10. Adult Intake Information	22
11. Child/Adolescent Intake Information	23
12. Suicide Evaluation and Procedures.....	24
13. Call Down List for Clients in Crisis	26
14. Resource Phone List	27
15. Life Pledge	28
16. Authority to Release and/or Obtain Information	29
17. Progress Note/Case Note	30
18. Consultation / Follow-up Note.....	31
19. Telephone & E-Mail Contact Log	32
20. No-Show/Termination Letter.....	33
21. No-Show/Termination E-mail	33
22. Client Evaluation of Practicum Student.....	34
23. Child Client Evaluation of Practicum Student.....	36

24. Student Participation in Practicum for Class Credit	37
25. Termination Summary	38
26. Client Referral at Termination	39
27. Weekly Practicum Log	40
28. Weekly Report for Conducting Groups	41
29. Supervisor's Notes	42
30. Observation Record	43
31. Midterm & Final Evaluation of Practicum Student	44
32. Evaluation of Supervision by Practicum Student	46
33. Counseling Student Exit Requirements	47

OBJECTIVES AND REQUIREMENTS

Practicum is considered one of the most important professional activities in which students engage during their degree program. Practicum students are given opportunities to synthesize and apply knowledge gained in their course of study and other academic pursuits. Through the sharing of experiences in both group and individual supervision, students may refine previously learned skills and acquire new skills.

I. Practicum Objectives

The practicum is designed to facilitate refinement of counseling and interviewing skills and the development of new skills. Through closely supervised one-to-one and group counseling experiences, the student can expand his or her repertoire of counseling strategies, techniques and interpersonal relationship skills.

Through the utilization of the facilities at the counseling lab, students will be given an opportunity to experience direct and specific feedback from their supervisors through the use of video and audio recording, as well as direct observation using a one-way mirror. School counseling students typically complete some or all of their contact hours in local schools. Students are asked not to directly contact prospective sites, but to work in conjunction with their university supervisor to make arrangements.

In practicum, students are expected to demonstrate a commitment to implementing and expanding the following skills:

- Establishing and maintaining a helpful and supportive counseling relationship
- Development and application of appropriate counseling techniques
- Maintaining client records, scheduling client appointments, learning about and using community resources when appropriate
- Working effectively with supervisors and colleagues, including appropriate analysis and presentation of counseling sessions and case studies
- Continued development of professional behavior
- Enthusiasm for and commitment to the counseling profession
- A continued willingness to learn
- Continued development of personal traits that are conducive to effective counseling, learning, and professional development
- Diagnosis and treatment planning (beginning to understand)
- Referral assessment and procedures

II. Practicum Requirements

Prior to enrolling in the practicum, students will be expected to have completed the following courses:

- EDCO 650 Individual Counseling
- EDCO 652 Ethics & Legal Issues (or concurrently)
- EDCO 651 Group Counseling (or concurrently)

During the course of the semester, students must be prepared to commit a total of 100 hours to the practicum. Distribution of these hours is as follows:

1. Direct contact (i.e., individual counseling)	30
2. Group experience*	10
3. Individual supervision (1 hour per week for semester)	15
4. Group supervision (1.5 hours per week for semester)	24
5. Observation of a practicing counselor or another practicum student	5
6. Additional hours of activities approved by supervisor (e.g., paper work, attending conference programs, workshops)	<u>16</u>
TOTAL HOURS	100

*Practicum students are required to co-facilitate a group experience.

Students should be prepared to spend an average of 6.25 hours per week over a 16-week period in practicum activities. Due to the varied availability of clients, students should be prepared to spend more hours in one-to-one individual sessions as the semester progresses.

Normally, students are expected to meet with their clients in the CCD counseling lab on campus. Should special circumstances necessitate meeting at another location, the student must have the prior permission of the practicum supervisor and a practicum site agreement form must be completed and signed by both the site supervisor and the CSU supervisor.

III. Evaluation and Grading

In addition to informal evaluations during individual supervisory sessions, practicum students will be formally evaluated by their supervisors on a variety of skills and activities at midterm and again at the end of the semester. The final grade is the result of a joint decision by all Supervisors. Maintenance of client contact information, including contact hour logs and client records, will be included in the evaluation as well as attendance at both individual and group supervisory sessions. Additionally, a minimum of one videotape per semester will be required for viewing during class time in group supervision. Case presentations will also be graded.

Practicum students will be asked to complete two evaluations of their practicum supervisor: one at midterm and the second at the end of the semester.

Additionally, clients will be given an opportunity to evaluate their counselor at termination, as well as make comments on the services they have received through the lab. Client's comments will not be evaluated as part of the student's grade, but will be reviewed and discussed by the practicum student and his or her supervisor.

Letter grades will be given based on the following course requirements:

- Attendance at class meetings.
- Professional/ethical behavior and demonstration of personal/professional skills
- Completion of required number of clock hours
- Evaluation of skills and performance on midterm and final evaluations
- Timely completion of paper work
- Accurate note taking and record keeping
- Arranging and attending individual supervision on a weekly basis
- Following through with counseling lab policies and requirements

The letter grade “A” indicates that in addition to completing all of the above course requirements in a timely and professional manner, the student demonstrates a beginning mastery of the foundation of counseling theory, high standards of professional and personal behavior, a continued willingness to learn, and a commitment to the counseling profession. Beginning mastery of counseling skills means that the student has a firm foundation and understanding of counseling theory and can demonstrate the basic skills, can conceptualize the client issues from that theory or theories, can build appropriate/effective treatment plans, is willing to take appropriate risks, and has demonstrated some understanding and use of advanced counseling skills.

The letter grade “B” indicates that in addition to completing all of the above course requirements in a timely and professional manner, the student demonstrates good counseling skills, with instructor assistance can conceptualize the client's issues from a particular theory, with instructor assistance can develop appropriate/effective treatment plans, demonstrates standards of professional and personal behavior, a continued willingness to learn, and a commitment to the counseling profession.

The letter grade “C” indicates that the student did not complete all of the above course requirements in a timely and professional manner, needs to improve basic counseling skills as well as knowledge base of counseling theory, may need to examine personal and/or professional standards, appears to be unwilling to learn or lacking in commitment to the profession. A letter grade of “C” will require that the student re-take Practicum in the following semester and may lead to a re-evaluation of the student's participation in the counseling program by his or her faculty advisor and the practicum supervisor. **IMPORTANT:** *Practicum can only be repeated one time.*

The instructor of your section will decide whether she or he wishes to give pluses or minuses (e.g., A+). In cases where the student has failed to meet the required number of clock hours due to unforeseen and special circumstances, a grade of “I” (Incomplete) may be given by the student’s faculty advisor. Failure to complete the requirements within one semester will result in re-evaluation of the student’s continued participation in the counseling program.

POLICIES AND PROCEDURES

In order to increase the efficiency and professionalism of the counseling lab, the following guidelines have been established. Your participation in enforcing these guidelines will help make the counseling experience more productive for yourselves and your clients.

I. Insurance

All practicum students are required to have some form of liability insurance. Students can obtain insurance through the American Counseling Association (ACA) for a minimal charge. Insurance applications are available at www.counseling.org after you join the organization. Other professional organizations that offer insurance are the American School Counselor Association (ASCA) at www.schoolcounselor.org, American Association for Marriage and Family Therapy (AAMFT), and the American Psychological Association (APA).

Students who are not currently ACA, ASCA, or NCDA members are expected to join at least one national association at this time, not only for the opportunity to be insured under their group program, but also to begin participation in a professional organization which serves the interests of the counseling profession. Memberships for all of these associations are available online. Other options are available for a student to secure insurance on his or her own, but they can be costly. Liability insurance through a school district for a current teacher is not sufficient to cover the added liability of counseling. Students should have acquired liability insurance when taking EDCO 686 and must submit the enclosed proof of insurance form along with a copy of their current liability insurance policy in order to take practicum. Students must present proof of insurance before seeing clients.

II. Student Counselor Behavior

1. All student counselors are responsible for reading and understanding the Ethical Guidelines of the American Counseling Association (ACA), the American School Counselor Association (ASCA), the National Career Development Association (NCDA), and the standards for best practice of the Association for Specialists in Group Work (ASGW). Students should abide by these guidelines at all times.

2. The counseling lab is a training counseling facility. Student counselors are expected to reflect that image in both their dress (semi-casual) and personal and professional behavior.
3. Use of the counseling lab is greatly facilitated by student counselors and staff following these guidelines:
 - a. When using counseling rooms, please be sure to place the *Session in Progress* sign on the outside of the door. Replace this sign on the inside of the door and lock the door when you are finished.
 - b. Doors to the observation room need to be closed at all times. No food or drink is allowed in the observation area.
 - c. Care should be taken to insure silence and darkness in the observation area. Observation areas are for the use of students and their supervisors. Only those students who are observing as either part of Practicum or as a class assignment may be in the observation area. Remember, information you hear is confidential. Do not observe clients you know personally.
 - d. Furniture, video equipment should not be moved. All video equipment should be set up and operational before the client arrives. When using the video equipment, follow the posted instructions exactly. If you have any difficulty with it, find a Graduate Assistant or Faculty to assist you. DO NOT CHANGE ANY SETTINGS ON THE EQUIPMENT. The digital recorders require approximately 20 minutes to finalize following the session so students are encouraged to work on completing case notes immediately following the session. Please report any malfunction of equipment immediately to a faculty member.
 - e. Students should discuss their cases only in practicum class or supervision.
4. All information concerning hours spent in clinical contact, supervision, and other activities involved with Practicum are to be truthfully and accurately reported.

III. Obtaining Clients

Clients will be obtained through a variety of sources. The Program announces the availability of the counseling lab and its services to students who are enrolled in education courses, to the university community through the FYI electronic mail service, and possibly to the larger community through a newspaper ad and through a *pro bono* program in Fort Collins and Loveland. In addition, practicum students are asked to find one or two volunteers to work with other students in the practicum. You will be provided with literature to distribute to prospective clients. We hope to have many client volunteers.

IV. Scheduling Client Appointments

Practicum students are responsible for scheduling their own appointments with their clients. Students should use the calendar function within RamCT to schedule a particular room. It is important that when scheduling, the student note the room number, time, and student name. You should make sure you verify that counseling lab space is available before you confirm your appointment with the client.

V. Client Records

Information and records about clients are an important part of the counseling lab. These records allow us to gather information about the number and type of clients seen. **All information about clients must be kept in the client files.** Digital recordings must be kept in the locked file cabinet in the observation room (Room 17A). These files must remain in the counseling lab. Remember, all documentation related to clients is confidential and must remain on-site. This includes written records, and video recordings. **Progress Notes/Case Notes (Form 17)** should be completed immediately after the session.

Failure to comply with these practices will result in a meeting with the Practicum Supervisor and may result in the student's re-evaluation for continuation in the program. It is the student counselor's responsibility to insure that their client's progress notes and files are up-to-date, signed, and filed correctly. In order to file client records properly, it is necessary to have the client's name on all written records. Do not file any records that require your supervisor's signature until they have been signed.

The **Release to Record and/or Observe (Form 9)** and the age-appropriate **Disclosure Statement (Forms 5, 6, 7, or 8)** must be completed by the client at the client's first meeting with the practicum student counselor. The client will keep one copy and the student counselor will place the other copy in the client file after they have been signed by the supervisor.

Practicum students who are counseling minors in a school or agency setting should follow school district or agency policy regarding approval by a parent or legal guardian prior to the initiation of counseling sessions.

VI. Supervision

The supervisory relationship is not confidential. If you share personal information about yourself that seems to be impacting your efficacy as a counselor, your supervisor will discuss with you appropriate action to be taken. Remember, a supervisory relationship is *not* a counseling relationship.

Numerous methods of supervision are available and will be employed for monitoring student/client contact including:

- ◇ Video recordings of sessions
- ◇ Transcripts and analyses of sessions
- ◇ Live supervision
- ◇ Presentation and discussion of case studies

VII. Progress Notes

Immediately following each session the student counselor should complete a **Progress Note/Case Note (Form 17)**. These should be signed weekly by the student and the student's supervisor and filed. Progress note entries are made for each session, even if client does not attend. A notation of cancellation or no-show would be made for the file and what was done (e.g., client was called, or client called and indicated he/she will return next week). Check on your client's safety when dealing with cancellations and report it (e.g., client reported doing well, denies being suicidal). Any other contact with client should be noted on the **Telephone & E-Mail Contact Log (Form 19)**.

VIII. Termination

Before terminating with your clients you need to discuss the reason and plan for termination with your supervisor. In addition, the student counselor should have at least two (2) clients complete the **Client Evaluation of Practicum Student or Child Client Evaluation of Practicum Student (Forms 23 & 23, respectively)** and return the form in a sealed envelope to your practicum section supervisor.

At the end of the session, the client is asked to complete the same problem rating scale as s/he completed in the first session. Find out (using a rating scale from one to ten) how the client would rate the problem at termination (1 = very bad, 10 = very good). Record the rating on the termination form. Following the final counseling session for each client, the student counselor should complete the **Termination Summary (Form 25)**.

IX. Referrals

It is inappropriate for student counselors to agree or suggest that they will continue to see clients after the practicum semester. CSU students should be referred to the Counseling Center in the Clark building. Community members should be referred to Health Connections (970) 224-5209. A client may request to continue seeing another student counselor the following semester provided that they are completely aware that they will be working with a new counselor and there will be a bit of lag time between service.

Clients should not follow student counselors to their internship sites. It is helpful for student counselors to view their work with clients as ending at the end of the semester and plan their counseling accordingly. Violation of this ethical guideline will result in a review of the student by the Faculty Review Committee.

X. Closure/termination with clients

Closure process with the client includes evaluation. Two client evaluations are required for each student, and some processing with the client about the counseling process. Areas to address might be: (a) highlights of the counseling time; (b) changes they have made because of the counseling; (c) what the client has learned about him/herself, or (d) concerns or interventions that the client would have liked to address or experience. It is

very helpful to talk to your supervisor about your closure process with a client before you have the last session.

XI. Observation

Counseling sessions will be observed by faculty and students on a periodic basis. Note: You are expected to complete 5 hours of observation. After each observation, plan to spend some time talking with your classmate about what you observed, and suggestions or questions that you might have for the next session. It is important that the client know of this possibility before they consent to participate as a client. Specific times for observation will be identified so that the client and practicum student know when they will be observed.

XII. Class Case Presentation

Each student will be required to give one or more oral case presentations during one semester. Your presentation needs to be typed and ready to hand in at the time of the oral presentation. Your instructor will decide whether you will have to make copies for class or present the information orally. Should you make copies for the class, be sure you collect them at the end of the class time and then destroy the copies. The instructor's copy will be kept in the student file. Case presentations often include the following information, but each individual supervisor will provide the form to use.

- Use pseudonym for client name
- Presenting concern for client
- Source of referral
- Other pertinent information gathered - first session (e.g., appearance, affect, medication, attitude toward counseling)
- Pertinent family history
- Other pertinent personal history (e.g., previous counseling, significant relationships, physical health, vocational/academic concerns, legal issues)
- Tentative Diagnosis (For students who have taken Mental Health Issues)
 - Axis I, Axis II, Axis III, Axis IV, Axis V
- Theoretical orientation/approach
- Treatment plan (e.g., techniques to be used based on theory)
- In session behavior and progress toward goals (e.g., affect, thoughts, behaviors, coping mechanisms, relationship to counselor, motivation for change)
- Concerns/questions for class supervision (e.g., How can we help you with this client?)

You will receive either a grade or points for the presentation, and this will be figured into your final grade. To receive the greatest amount of credit, your presentation must be detailed: addressing all of the issues above, including a video segment of your work with the client, thoughtfulness of your write-up of the case, and the questions you ask the group or class to consider and address with you.

1. Counseling Student Agreement

We are charged with protecting the rights of our clients. The information that we obtain from clients is never to be discussed or removed from the counseling lab. *Question:* Who is a client?

Answer: Any person who comes to us for counseling services is considered a client.

Any persons, paid volunteers or students who work in the counseling lab, must protect information learned about the client. It does not matter what position you hold within the system, these rules apply.

Protected information includes, but is not be limited to:

- the fact that the person is, or has been, or has never been a client
- any information given to the counseling lab through administrative or clinical staff
- any personal data about the client

Categories of protected information include:

- The Record—the actual clinical written record, audio/video recordings, and computerized information about the client
- Informal Information—any communication of a clinician or student about a client that is not a direct representation of the record.

Clients control the release of information about themselves and must *agree in writing* to the release of information *before* it is released. The exception to this rule would be a situation where the client is a danger to self or others, or, a court referred client whose records must be presented to the judicial system for verification of counseling. Additionally, court orders may require release of information.

A breach of confidentiality may result in your discharge from the Counseling and Career Development Program. Breaches of confidentiality may also result in ethical and/or legal charges.

I have read the above Statement of Confidentiality and the Practicum Manual. I understand these documents and agree to abide by these requirements.

Student Signature _____

Date _____

2. Student Information Sheet

Please complete this form, keeping in mind that the greater your flexibility, the easier it will be for you to meet with clients and complete your direct client contact hours.

Name: _____

Fall: _____ Spring: _____ Summer: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Supervisor: _____ Circle Track: School Career Community

Please indicate your preference regarding the type of client issues with which you would like to work (e.g., relationship, grief/loss, self-esteem, career, academic concerns, stress, parenting, time management, transitions.):

Please indicate times during the week when you are available to meet for supervision and meet with clients.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9—10 a.m.					
10—11 a.m.					
11—Noon					
Noon—1 p.m.					
1—2 p.m.					
2—3 p.m.					
3—4 p.m.					
4—5 p.m.					
5—6 p.m.					
6—7 p.m.					
7—8 p.m.					

3. Confirmation of Pre-Practicum Requirements and Proof of Liability Insurance

Confirmation of Pre-Practicum Requirements

I confirm that I have completed all prerequisite coursework for practicum as required by the Counseling and Career Development Program at Colorado State University. The prerequisite courses which I have completed are: (1) EDCO 650: Individual Counseling, and (2) EDCO 652: Ethics & Legal Issues. The latter course may be taken concurrently with practicum.

I understand that any misrepresentation regarding the fulfillment of these prerequisites will result in automatic dismissal from practicum.

I certify that I have completed all practicum prerequisites listed above.

Student Name (Print)

Student Signature

Date

Proof of Liability Insurance

I am aware that as a counseling practicum student enrolled in EDCO 686 at Colorado State University that I am responsible for having appropriate liability insurance. I hereby certify that I currently have a liability insurance policy through:

(name of professional organization)

a copy of which is attached hereto:

Student Counselor Name (please print): _____

Student Counselor Signature: _____

Date: _____

4. Practicum Site Agreement

____Term ____ Year

Please type or print:

I. STUDENT'S NAME _____ EMAIL: _____

HOME ADDRESS _____ HOME PHONE _____

II. PRACTICUM SITE _____

ADDRESS _____

ON-SITE COORDINATOR _____

Name Title Work Phone E-Mail

III. POSITION OF COORDINATOR (Job Title) _____

IV. ENROLLING IN: EDCO 686 for 4 Credits

Please Check one:

- Paid
experience
- Unpaid
experience

Worker's compensation for student interns—Effective January 21, 1997 there will be no workers' compensation coverage for on-campus students involved in nonremunerated internship, cooperative education and practicum programs. Coverage will continue for students assigned to non-CSU agencies.

I _____ have read and understand this policy.

V. AGREEMENT, REQUIREMENTS, AND RESPONSIBILITIES

Site Coordinator: The site coordinator has received a copy of the practicum "objectives and requirements," and supports the educational and professional intent of the practicum experience. Practicum objectives focus on application of individual and group counseling skills; therefore, the primary objective of the site coordinator is to facilitate access to students and obtainment of proper consent. The site coordinator further assures that the intern will be treated in a professional manner, assigned tasks as they relate to practicum objectives, and otherwise treated equally without regard to race, color, national origin, gender, or disability.

Site Requirements: The site shall provide for the student a coordinator that is knowledgeable about the profession, and the policies as well as standards of conduct adhered to within the site. The site will provide opportunities for the practicum student to develop video tapes for the purposes of clinical supervision provided by the faculty supervisor.

Practicum Student: The practicum student shall perform the work assignment on the job as a professional, adhering to the policies and regulations of the site. The practicum student will attend the practicum class and complete all necessary evaluations and documentation. Furthermore, the practicum student has read, agreed to, signed, and attached a copy of the student agreement form addressing issues of confidentiality.

Faculty Supervisor: The supervisor shall oversee the learning experiences of the practicum student with the opportunities provided by the site. The faculty supervisor will provide individual clinical supervision for the student one hour a week and shall also maintain on-going evaluation through observation, reports, and consultation with the site coordinator(s) to continually be alert to changes or needs that will make the experience and learning

process as effective as possible. The University will award credit to the practicum student who registers for and successfully completes the requirements of the practicum.

It is further understood and agreed that many details which are inherent to the practicum experience cannot be entirely foreseen. Each party, in cooperation with the other parties, will thus devote their best efforts to the program, providing time for a successful practicum experience.

All parties have agreed to the objectives and job description of the practicum experience.

VI. SIGNATURES

For the Student: NAME (Signature) _____ DATE _____

NAME (Type or Print) _____

For On-Site

Coordinator: NAME (Signature) _____ DATE _____

NAME (Type or Print) _____

For Faculty

Supervisor: NAME (Signature) _____ DATE _____

NAME (Type or Print) _____

5. Adult Disclosure Statement

You are entitled to receive information about methods of counseling, the techniques used, and if known, the duration of counseling.

Counseling is an active and cooperative effort involving both client and counselor. Your counselor is committed to providing services consistent with training and standards of the Counseling and Career Development Program. The counselor is also committed to adherence to applicable state laws and professional ethics. However, neither the counselor nor the Counseling and Career Development Program can guarantee particular benefits or outcomes for your voluntary counseling experience. If you should have any concerns about your progress or the experience of your counseling, we encourage you to discuss them with your counselor and his/her supervisor at any time. Your counselor's supervisor is _____ and she/he can be reached at _____.

All counseling students are either Master's or Doctoral students in the Counseling and Career Development Program and are being supervised by a faculty member or Ph.D. students in the Counseling and Career Development Program.

Sexual intimacy between a client and counselor is not a part of any recognized counseling and is illegal in Colorado. If it occurs, it should be reported to Dr. Nathalie Kees, Dr. John Littrell, or Dr. Laurie Carlson of the Counseling and Career Development Program at Colorado State University.

Information that you provide during counseling is confidential except for such issues that include, but are not limited to, harm to self, harm to others, child abuse and/or neglect, and elder abuse. Sessions will be recorded and reviewed for supervision purposes. The recordings will be kept in a confidential place and will be erased at the end of the semester.

I have read the preceding information and understand my rights as a volunteer client for the Counseling and Career Development counseling lab.

Client signature

Date

6. Adolescent Disclosure Statement

You are entitled to receive information about methods of counseling, the techniques used, and if known, the duration of counseling.

Counseling is an active and cooperative effort involving both client and counselor. Your counselor is committed to providing services consistent with training and standards of the Counseling and Career Development Program. The counselor is also committed to adherence to applicable state laws and professional ethics. However, neither the counselor nor the Counseling and Career Development Program can guarantee particular benefits or outcomes for your voluntary counseling experience. If you should have any concerns about your progress or the experience of your counseling, we encourage you to discuss them with your counselor and his/her supervisor at any time. Your counselor's supervisor is _____ and she/he can be reached at _____.

All counseling students are either Master's or Doctoral students in the Counseling and Career Development Program and are being supervised by a faculty member or Ph.D. students in the Counseling and Career Development Program.

Sexual intimacy between a client and counselor is not a part of any recognized counseling and is illegal in Colorado. If it occurs it should be reported to Dr. Nathalie Kees, Dr. John Littrell, or Dr. Laurie Carlson of the Counseling and Career Development Program.

Information that you provide during counseling is confidential. There are legal exceptions that include, but are not limited to, harm to self, harm to others, child abuse and/or neglect, and elder abuse. These require that confidentiality not be kept. In addition, when meeting in the counseling lab at Colorado State University, we desire to have parents involved in the client's progress. Therefore, parents need to be available to meet with the counselor at least every two weeks to discuss the progress of counseling. The counselor will discuss with the client and parent(s) other aspects of confidentiality the first session. Sessions will be recorded and reviewed for supervision purposes. The recordings will be kept in a confidential place and will be erased at the end of the semester.

I have read the preceding information and understand my rights as a volunteer client for the Counseling and Career Development counseling lab.

Client signature

Date

Parental signature

Date

7. Child Disclosure Statement for CSU Lab

Hi! My name is _____. I am a counseling student here at Colorado State University and my teacher is _____. I will be spending time with you every week for the next couple of months to talk about problems that you may be having. I am being trained as a counselor and have been in classes to learn how to be a counselor.

Note for Parents or Guardian

All counseling students are either Master's or doctoral students or professionals seeking licensure as a school counselor and are enrolled in the Colorado State University Counseling and Career Development Program. Students are being supervised by a faculty member or Ph.D. student in the Counseling and Career Development Program.

Counseling is an active and cooperative effort involving both client and counselor. The student counselor is committed to providing services consistent with training and standards of the Colorado State University Counseling and Career Development Program. The counselor is also committed to adherence to applicable state laws and professional ethics. However, neither the student counselor nor the Counseling and Career Development Program can guarantee particular benefits or outcomes from the counseling experience.

Sexual intimacy between a client and counselor is not a part of any recognized counseling and is illegal in Colorado. If it occurs, it should be reported to Dr. Nathalie Kees or Dr. John Littrell or Dr. Laurie Carlson of the Counseling and Career Development Program.

Information that your child provides during counseling is confidential except for such issues that include, but are not limited to, harm to self, harm to others, child abuse and/or neglect, and elder abuse. With your permission, sessions will be recorded and reviewed for supervision purposes. The recordings will be kept in a confidential place and will be erased at the end of the semester.

I have read the preceding information and understand my child's rights as a counseling client.

Client signature

Date

Parental signature

Date

8. Child Disclosure Statement for School Placements

Hi! My name is _____. I am a counseling student here at _____. I have two supervisors. My supervisor at the school is _____ and my supervisor at Colorado State University is _____. I will be spending time with you every week for the next couple of months to talk about problems that you may be having. I am being trained as a counselor and have been in classes to learn how to be a counselor.

Note for Parents or Guardian

All counseling students are either Master's or doctoral students or professionals seeking licensure as a school counselor and are enrolled in the Colorado State University Counseling and Career Development Program. Students are being supervised by a faculty member or Ph.D. student in the Counseling and Career Development Program.

Counseling is an active and cooperative effort involving both client and counselor. The student counselor is committed to providing services consistent with training and standards of the Colorado State University Counseling and Career Development Program. The counselor is also committed to adherence to applicable state laws and professional ethics. However, neither the student counselor nor the Counseling and Career Development Program can guarantee particular benefits or outcomes from the counseling experience.

Sexual intimacy between a client and counselor is not a part of any recognized counseling and is illegal in Colorado. If it occurs it should be reported to either Dr. Nathalie Kees, Dr. John Littrell, or Dr. Laurie Carlson of the Counseling and Career Development Program.

Information that your child provides during counseling is confidential except for such issues that include, but are not limited to, harm to self, harm to others, child abuse and/or neglect, and elder abuse. With your permission, sessions will be recorded and reviewed for supervision purposes. The recordings will be kept in a confidential place and will be erased at the end of the semester.

I have read the preceding information and understand my child's rights as a counseling client.

Client signature

Date

Parental signature

Date

9. Release to Record and/or Observe

The Counseling and Career Development Program is a training program for Master's level student counselors. To facilitate training, your sessions will be recorded. At times, live observation by faculty supervisors and/or by counseling practicum students may occur.

Student counselors are required to present their work with you in individual and group supervision meetings.

- ALL INFORMATION PRESENTED AND SESSIONS RECORDED OR OBSERVED ARE KEPT IN STRICTEST CONFIDENCE.
- ALL RECORDINGS ARE ERASED AT THE END OF THE SEMESTER.
- FACULTY AND STUDENTS WHO KNOW YOU PERSONALLY ARE NOT ALLOWED TO OBSERVE YOUR SESSIONS.

I give my permission for my sessions to be recorded or observed while I am a client of the Counseling and Career Development Program at Colorado State University. This permission also applies if I am participating in counseling at another site as part of the Program's training.

Client's Signature _____ Date: _____

Parent's Signature (for minors only): _____ Date: _____

Counselor's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

10. Adult Intake Information

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Work Phone: _____ Home Phone: _____ Cell: _____

Is it all right to call you at these numbers? Yes No

Date of Birth _____ Ethnicity _____

Significant Relationship: Yes No Partner's name: _____

Referred by: _____

Previously in counseling Yes No For? _____Was this a positive experience? Yes No Why? _____

What would you like to talk about? _____

If you consider the areas you identified (in the above space) as problematic, how serious are they?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not Serious At All

Very Serious

Are there any other issues you might want to talk about (see the list below)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Significant weight gain/loss | <input type="checkbox"/> Loss of relationship | <input type="checkbox"/> Self-esteem concerns |
| <input type="checkbox"/> Frequently unable to sleep | <input type="checkbox"/> Death of family member/friend | <input type="checkbox"/> Career concerns |
| <input type="checkbox"/> Panic/anxiety attacks | <input type="checkbox"/> Divorce | <input type="checkbox"/> Transition concerns |
| <input type="checkbox"/> Employment difficulties | <input type="checkbox"/> Financial difficulties | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Legal difficulties | <input type="checkbox"/> Academic concerns | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Relationship Problems | | |

If you have been referred by any other source than through a CSU class, please answer the questions below:

Any physical problems? Yes No If yes, please describe: _____Ever been hospitalized for psychiatric reasons? Yes No If yes, when? _____Are you currently on any medications? Yes No If yes, name of medication _____

If yes, who prescribed the medication? _____

For what condition? _____

Do you currently have, or have you ever had, drug/alcohol problems? Yes NoAre you having thoughts of hurting yourself? Yes No Hurting others? Yes No

For Counselor Use Only

Practicum student name: _____

Practicum student signature: _____

Supervisor signature: _____

11. Child/Adolescent Intake Information

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Is it all right to call you at these numbers? Yes No

Date of Birth _____ Ethnicity _____

Parent or Legal Guardian:

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Referred by: _____

Previously in counseling Yes No For? _____

Problems or concerns you would like to talk about _____

Client's view of how s/he rates the problem at intake:

1 2 3 4 5 6 7 8 9 10
 Not Bad at All Very Bad

Are you currently experiencing any of the following?

- | | | |
|---|---|---|
| <input type="checkbox"/> Significant weight gain/loss | <input type="checkbox"/> Problems/concerns with family | <input type="checkbox"/> Self-esteem concerns |
| <input type="checkbox"/> Problems sleeping | <input type="checkbox"/> Problems/concerns with friends | <input type="checkbox"/> Financial concerns |
| <input type="checkbox"/> Nervousness or anxiety | <input type="checkbox"/> Death of family member/friend | <input type="checkbox"/> Transition concerns |
| <input type="checkbox"/> Problems with job | <input type="checkbox"/> Divorce | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Legal concerns | <input type="checkbox"/> School/classroom concerns | <input type="checkbox"/> Time Management |

Any physical problems? Yes No If yes, please describe: _____Have you had to stay in a hospital recently? Yes No If yes, when? _____Are you currently on any medications? Yes No What medication? _____

For what condition? _____

Do you currently have, or have you ever had, drug/alcohol problems? Yes NoAre you having thoughts of hurting yourself? Yes No Hurting others? Yes No

For Counselor Use Only

Practicum student name: _____

Practicum student signature: _____

Supervisor signature: _____

12. Suicide Evaluation and Procedures

ASK THE FOLLOWING QUESTIONS:

1. Have you ever tried to hurt yourself? (e.g., cut yourself, jumped out of car, taken too many pills)?
2. Has anyone else in your family ever tried to commit suicide? If yes, ask who, how, and when.
3. Have you made a plan? (Or ask what lethal things could you do on the spur of the moment to hurt or kill yourself??)
4. If the answer to #3 is yes, ask about details. (Ask about availability to weapon or pills. Ask about availability of site - You say you plan to do this at home, how have you planned to be alone?)

If the answer to questions 1 and 2 are YES and the answers to questions 3 and 4 are NO, your client has a moderate risk of suicide.

1. Express your concern and ask the person, “Can you guarantee me that you will not hurt yourself?”
2. Make a no-suicide contract with you until they see you (or another counselor).
 - a. If they agree, set up another appointment with them as soon as possible, but no later than the next 24 hours.
 - b. If they are a CSU student give them the phone numbers of the University Counseling Center (491-6053) and counselors to call during the evening if they need immediate help (491-7111). If they are a community person remind them to call 911 if they need immediate help.
 - c. Or, ask if there is someone they can stay with or who can stay with them until they come in to see the counselor.
3. INFORM YOUR SUPERVISOR OR ANOTHER FACULTY MEMBER IMMEDIATELY. DOCUMENT THE STEPS YOU TOOK ON CASE NOTES/PROGRESS NOTES.

If the answers to questions 3 and 4 are YES, your client has a high suicide risk.

If the danger is HIGH, but NOT IMMEDIATE:

1. Ask for a no-suicide contract (see page XX).
2. Ask for the number of a family member or friend that you can call to support them.

3. Refer them to the University Counseling Center for immediate on-call assistance. Emergency #s (from 5:00 p.m. to 8:00 a.m.) are 491-7111, or Helpline 491-5744.
4. Tell them you will call back in 30 minutes to see if they have made an appointment. Call and evaluate status at that time.
5. INFORM YOUR SUPERVISOR OR ANOTHER FACULTY MEMBER IMMEDIATELY. DOCUMENT THE STEPS YOU TOOK ON THE TELEPHONE LOG SHEET.

If you feel there is an immediate danger if the client leaves, you are ethically responsible for preventing the client from leaving through all reasonable means. This may include:

1. Calling Campus Security to restrain the individual.
2. Calling a family member or friend to come and take the individual to a hospital.
3. INFORM YOUR SUPERVISOR OR ANOTHER FACULTY MEMBER IMMEDIATELY. DOCUMENT THE STEPS YOU TOOK IN YOUR PROGRESS NOTES.

13. Call Down List for Clients in Crisis

IMPORTANT: Contact Persons or Agency in This Order

Client is CSU Student	Client is Community Person
1. Call CSU Counseling Center 491-6053. Schedule an appointment or walk person over to Emergency Center. After hours call 491-7111	1. Immediate concern—call 911. (If you are in a school setting, immediately consult with your site coordinator or school administrator).
2. Call your practicum supervisor	2. Call your practicum supervisor
3. If you cannot reach your supervisor, call one of the other supervisors	3. If you can't reach your supervisor, call one of the other supervisors.
4. Make sure to document in Progress Notes the people and agencies you've contacted and the plan of action agreed upon between the client and yourself.	4. Make sure to document in progress notes the people and agencies you've contacted and the plan of action agreed upon between the client and yourself. Make sure to complete the " <i>Life Pledge</i> ."
5. Contact client within 24 hours—check to see whether they followed through on action plan. During contact, assess for suicide potential and potential for harm to others.	5. Contact client within 24 hours—check to see whether they followed through on action plan. During contact, assess for suicide potential and potential for harm to others.
6. If client did not follow through with action plan, contact your supervisor immediately.	6. If client did not follow through with action plan, contact your supervisor immediately.

14. Resource Phone List

Dr. Sharon Anderson	Office	(970) 491-6861
	Mobile	(970) 377-1003
	Home	(970) 217-4228
Dr. Nathalie Kees	Office	(970) 491-6720
	Home	(970) 223-1339
Dr. Laurie Carlson	Office	(970) 491-6826
	Home	(970) 454-9010
	Mobile	(970) 405-0932
Dr. John Littrell	Office	(970) 491-5160
	Home	(970) 419-1061
	Mobile	(970) 219-6521
CSU Counseling Center		(970) 491-6053 (8am - 5pm) (970) 491-7111 (Emergency: campus police – after hours)
Poudre Valley Hospital		(970) 495-7000
PVH Mental Health Crisis Unit		(970) 495-8090
Suicide Prevention Helpline (24 hour) (also for battered women)		911
Colorado Helpline		1-800-SUICIDE
Department of Human Services Child Protection		(970) 498-6990
Career Center		491-5707 (Lory Student Center) 491-1756 (Aylesworth)
Larimer County Mental Health		(970) 221-2114 (use only as last resort)

15. Life Pledge

I, _____ agree to not cause harm to myself, or to anyone else, under any circumstances (including accidental). I will speak with

_____ or _____ or

_____ or _____ or

a crisis line staff member, or will admit myself to a hospital where I will be safely cared for.

Date

Client's Signature

Date

Therapist's Signature

Date

Supervisor's Signature

16. Authority to Release and/or Obtain Information

I, _____, hereby authorize _____ to release my records of information to _____ for the purpose of _____. I understand that I may revoke this consent at any time except to the extent that the action has been taken thereon. I further understand that this consent will expire on _____ and cannot be renewed without my written consent.

Signature of Legal Guardian Date

Signature of Legal Guardian Date

NOTICE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED. YOU ARE PROHIBITED FROM MAKING FURTHER DISCLOSURE WITHOUT SPECIFIC WRITTEN PERMISSION OF THE PERSON TO WHOM IT PERTAINS.

17. Progress Note/Case Note

Client Initials: _____

Date: _____ Session # _____ Grade (if minor): _____

Brief Description of Client—Mental Status Evaluation

Appearance: (Neatness, cleanliness, appropriate dress) _____

Attitude toward counselor: (friendly, open, appropriate) _____

Attention/focus: (appropriate, present with counselor) _____

Thought processes: (organized, coherent) _____

Orientation X 3 (person, place, time) _____

Mood/Affect: (happy, sad, excited, serene) _____

Information Discussed in Session (use phrases such as: Client seems..., client appears..., client demonstrated..., client displayed..., Use quotes from client.)

Client indicated harm to self or others: _____

Menu, Contract, Theory and Interventions

Menu for session _____

Contract for session _____

Theory and Interventions used _____

Homework Given/Outcome of Session: _____

Student Counselor's Name _____ Date _____

Supervisor's Signature _____ Date _____

18. Consultation / Follow-up Note

Client Initials: _____

Information Discussed

Consultant: _____ Date: _____

Information Discussed

Consultant: _____ Date: _____

20. No-Show/Termination Letter

(Date)

(Client Name)
(Street Address)
(City, State, Zip)

Dear (Client Name):

I am sorry that you missed your appointment which was scheduled on (Date)_____ at (Time) _____. I have tried to reach you and have not been able to do so. Please call me at () - _____ or e-mail me at _____if you would like to reschedule the appointment. I am looking forward to hearing from you.

Sincerely,

(Your Name)

(Supervisor Name)

21. No-Show/Termination E-mail

(Date)

Dear (Client Name):

I am sorry that you missed your appointment which was scheduled on (Date)_____ at (Time) _____. I have tried to reach you and have not been able to do so. Please call me at () - _____ or e-mail me at _____if you would like to reschedule the appointment. I am looking forward to hearing from you.

Sincerely,

(Your Name)

(Supervisor Name)

22. Client Evaluation of Practicum Student

Client Name: _____ Date: _____

Counselor Name: _____ Semester/Yr. _____

Thank you for your participation in the CSU Counseling and Career Development Practicum Experience. It is important to us that you be given an opportunity to express your reactions to our program, your counselor, and the counseling experience. Please take a few minutes to complete the following evaluation as openly and as accurately as possible.

Thank you for your cooperation.

Please indicate the degree to which you agree or disagree with the following statements as they apply to your experience with your counselor. Use a (1) for “disagree,” (2) for “disagree somewhat,” (3) for “agree somewhat,” and (4) for “agree.” If the statement does not apply, please check (N/A).

The Counselor...

- | | | | | | |
|--|---|---|---|---|-----|
| 1. understood my problem(s). | 1 | 2 | 3 | 4 | N/A |
| 2. seemed concerned. | 1 | 2 | 3 | 4 | N/A |
| 3. helped me get at my problem. | 1 | 2 | 3 | 4 | N/A |
| 4. helped me get needed information. | 1 | 2 | 3 | 4 | N/A |
| 5. could have offered more advice and direction. | 1 | 2 | 3 | 4 | N/A |
| 6. could have given more evaluation/feedback. | 1 | 2 | 3 | 4 | N/A |
| 7. could have been more assertive. | 1 | 2 | 3 | 4 | N/A |
| 8. had respect for me. | 1 | 2 | 3 | 4 | N/A |
| 9. seemed warm, honest, and open. | 1 | 2 | 3 | 4 | N/A |
| 10. helped me get in touch with my feelings. | 1 | 2 | 3 | 4 | N/A |
| 11. was a good listener. | 1 | 2 | 3 | 4 | N/A |
| 12. seemed relaxed. | 1 | 2 | 3 | 4 | N/A |
| 13. helped me make choices. | 1 | 2 | 3 | 4 | N/A |
| 14. seemed concerned and involved. | 1 | 2 | 3 | 4 | N/A |
| 15. seemed distant and mysterious. | 1 | 2 | 3 | 4 | N/A |
| 16. helped me to talk about myself. | 1 | 2 | 3 | 4 | N/A |
| 17. seemed to expect me to do all the talking. | 1 | 2 | 3 | 4 | N/A |
| 18. didn't have enough time to talk with me. | 1 | 2 | 3 | 4 | N/A |
| 19. talked about him/herself too much. | 1 | 2 | 3 | 4 | N/A |
| 20. made me feel uncomfortable. | 1 | 2 | 3 | 4 | N/A |
| 21. was frequently late for my appointments. | 1 | 2 | 3 | 4 | N/A |
| 22. was not supportive of me. | 1 | 2 | 3 | 4 | N/A |
| 23. judged me personally. | 1 | 2 | 3 | 4 | N/A |
| 24. was aloof. | 1 | 2 | 3 | 4 | N/A |
| 25. demonstrated tools to help me solve my problems. | 1 | 2 | 3 | 4 | N/A |

(Continue on next page)

Did you get what you wanted from your counseling experience? Why or why not? For the following statements, please indicate the degree to which you agree or disagree as they pertain to the counseling program, particularly the staff and facilities.

- | | | | | | |
|---|---|---|---|---|-----|
| 1. The counselor promptly returned my calls. | 1 | 2 | 3 | 4 | N/A |
| 2. The facilities were comfortable. | 1 | 2 | 3 | 4 | N/A |
| 3. I felt relaxed in the counseling area. | 1 | 2 | 3 | 4 | N/A |
| 4. I felt like confidentiality would be kept. | 1 | 2 | 3 | 4 | N/A |
| 5. I had trouble getting an appointment. | 1 | 2 | 3 | 4 | N/A |
| 6. I would recommend this counseling lab to my friends. | 1 | 2 | 3 | 4 | N/A |

Client's View of How s/he Rates the Presenting Problem at Termination:

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Very Bad									Resolved

Would you like to continue your counseling next semester? Yes No

Any suggestions for improving our program?

23. Child Client Evaluation of Practicum Student

Client Name: _____ Date: _____

Counselor Name: _____ Semester/Yr. _____

Thank you for working with me this semester. It is important to us that you be given a chance to tell us about how your counseling was.

Please circle the face that shows us how you feel about each sentence

The Counselor...

- | | | | |
|---------------------------------------|---|---|---|
| 1. understood my problem(s). | ☺ | ☹ | ☹ |
| 2. cared about me. | ☺ | ☹ | ☹ |
| 3. helped me share. | ☺ | ☹ | ☹ |
| 4. helped me learn new things. | ☺ | ☹ | ☹ |
| 5. had respect for me. | ☺ | ☹ | ☹ |
| 6. seemed nice. | ☺ | ☹ | ☹ |
| 7. helped me understand my feelings. | ☺ | ☹ | ☹ |
| 8. was a good listener. | ☺ | ☹ | ☹ |
| 9. seemed relaxed. | ☺ | ☹ | ☹ |
| 10. helped me make choices. | ☺ | ☹ | ☹ |
| 11. helped me feel relaxed with them. | ☺ | ☹ | ☹ |
| 12. supported me. | ☺ | ☹ | ☹ |
| 13. helped me solve my problems. | ☺ | ☹ | ☹ |
| 14. was someone I could trust. | ☺ | ☹ | ☹ |

How is the problem that you came to counseling for?

1	2	3	4	5	6	7	8	9	10
Problem still bothers me					Problem is solved				

24. Student Participation in Practicum for Class Credit

I, _____ have met with _____
who is a Counseling and Career Development Practicum student for _____ meetings. This
fulfills my participation for _____ class. I receive _____
points for this participation.

Student Name Date _____

Practicum Student Name Date _____

Practicum Supervisor Name Date _____

25. Termination Summary

Client's Name _____

Date of Initial Meeting _____

Date of Termination _____

What was the Presenting Problem? _____

Dates and Types of Contacts: _____

Synopsis of Treatment: _____

Reason(s) for Termination _____

Referral Made? Yes No

If Yes, referral to _____

Student Counselor's Name _____

Student Counselor's Signature _____

Supervisor's Signature _____

26. Client Referral at Termination

Date: _____

Practicum Student Name: _____

Client Name: _____

Does client want to return to counseling? Yes
 No
 Referred out to: _____

Client prefers to work with: Male
 Female
 No Preference

Presenting Problem: _____

27. Weekly Practicum Log

Student Name _____ Week of _____ # _____

For each activity list the total number of hours engaged in that activity for each day. For special activities (seminars, workshops, etc.), list the title as well as the hours spent. Your individual practicum supervisor must sign off on each weekly log.

	Mon	Tues	Wed	Thurs	Fri	Sat/Sun	Sum of This Week's Hours A	Sum from Last Week's Hours B	Running Total Hours for Semester A + B =
Date									
Individual Sessions									
Class/Group Supervision									
Running Groups									
Observe Counseling									
Individual Supervision With CSU Supervisor									
Supervision With Site Supervisor									
Record Keeping									
Reviewing Tapes									
Other									
								Grand Total Hours for Semester =	

Student's Signature _____ Date _____

Supervisor's Signature _____ Date _____

29. Supervisor's Notes

Supervisor: _____

Practicum Student: _____ Date: _____ Supervision Session # _____

1. **Student Development** (e.g., Professional Development; Therapeutic Orientation; Strengths & Areas for Growth; Growing Edges):
2. **Understanding Clients/Groups** (supervision notes to supplement student's client session notes):
3. **DVD/Videotape Feedback** (Facilitative & Intervention Skills):
4. **Logistical Issues:**

Supervisor Signature: _____ Date: _____

30. Observation Record

This worksheet is designed to encourage critical thinking and to assist you in applying your theoretical knowledge to a variety of clinical situations. Please answer all of the questions as if you were the counselor in the session observed.

Counselor (Actual counselor): _____ Date: _____

Observer # (you): _____ Time: _____

Presenting Problem (client's):

Theoretical Orientation (yours):

Focus of Session (as you would see it if you were working with this client):

Techniques (that you might use if you were working with this client):

Homework Assignment(s) (that you might use):

Ethical, safety, or other issues/concerns that you have regarding the session you observed:

What, specifically, did the counselor do that really worked for this particular client?

What, specifically, would you have the counselor work on in the next session?

31. Midterm & Final Evaluation of Practicum Student

Student Name: _____ Date: _____

Practicum Supervisor: _____ Midterm _____ Final _____

Please indicate student's skill/performance levels in the following areas by checking the appropriate boxes, with (1) being low and (5) being high.

A. COUNSELING SKILLS

- | | | | | | | |
|---|---|---|---|---|---|-----|
| 1. Paraphrasing | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Reflection of feelings | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Open-ended questions | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Reflection of belief/content/experience | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. Focusing and contracting | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Instruction | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. Use of advanced counseling skills | | | | | | |
| a. Self-disclosure | 1 | 2 | 3 | 4 | 5 | N/A |
| b. Advanced Accurate Empathy | 1 | 2 | 3 | 4 | 5 | N/A |
| c. Immediacy | 1 | 2 | 3 | 4 | 5 | N/A |
| d. Reframing | 1 | 2 | 3 | 4 | 5 | N/A |
| e. Confrontation | 1 | 2 | 3 | 4 | 5 | N/A |
| f. Theoretical Conceptualization of Client Issues | 1 | 2 | 3 | 4 | 5 | N/A |

Comments:

B. PROCESS

- | | | | | | | |
|---|---|---|---|---|---|-----|
| 1. Initial interview | | | | | | |
| a. Provides information about taping | 1 | 2 | 3 | 4 | 5 | N/A |
| b. Comments on confidentiality | 1 | 2 | 3 | 4 | 5 | N/A |
| c. Discusses counselor role | 1 | 2 | 3 | 4 | 5 | N/A |
| d. Discusses client expectations | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Information gathering | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Establishes rapport | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Clarification of presenting problem | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. Collaborative goal setting process with client | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Discusses counseling strategies with client | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. Development of appropriate & effective treatment plans | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. Appropriate strategies/interventions | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. Willingness to take appropriate risks | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. Effectiveness of ending session | 1 | 2 | 3 | 4 | 5 | N/A |

Comments:

(Continued on next page)

EVALUATION OF PRACTICUM STUDENT (Continued)

C. PERSONAL AND PROFESSIONAL

1. Desire to improve skills	1	2	3	4	5	N/A
2. Initiative in learning new skills	1	2	3	4	5	N/A
3. Acceptance of supervisor's feedback	1	2	3	4	5	N/A
4. Professionalism	1	2	3	4	5	N/A
5. Maintains client confidentiality	1	2	3	4	5	N/A
6. Ethical behavior	1	2	3	4	5	N/A
7. Maintains appropriate case notes	1	2	3	4	5	N/A
8. Communication skills	1	2	3	4	5	N/A
9. Self-confidence	1	2	3	4	5	N/A
10. Punctuality	1	2	3	4	5	N/A

Comments:

D. CLINIC PROCEDURE

1. Sets up supervision weekly	1	2	3	4	5	N/A
2. Observation done weekly	1	2	3	4	5	N/A
3. Case notes done immediately	1	2	3	4	5	N/A
4. Session preparation	1	2	3	4	5	N/A
5. Reviews own videotapes	1	2	3	4	5	N/A
6. Follows practicum policies	1	2	3	4	5	N/A
7. Completes all paperwork	1	2	3	4	5	N/A

Comments:

32. Evaluation of Supervision by Practicum Student

Student Name: _____

Practicum Supervisor: _____ Date: _____

For each item, rate your practicum supervisor's skills on a scale of 1 through 5. Use a (1) for poor, (2) for fair, (3) for good, (4) for very good, and (5) for excellent. If the particular skill was not observed or required, check (N/A).

A. SUPERVISION SKILLS

1. Demonstrates knowledge of various counseling theories, techniques and interventions.	1	2	3	4	5	N/A
2. Performs supervisory functions as teacher, counselor, or consultant as appropriate.	1	2	3	4	5	N/A
3. Raises questions that encourage supervisee to explore alternatives of problem solving, seeking solutions, responding to clients.	1	2	3	4	5	N/A
4. Establishes good rapport with supervisee.	1	2	3	4	5	N/A
5. Appropriately challenges and supports supervisee's professional development.	1	2	3	4	5	N/A
6. Provides clear and useful suggestions.	1	2	3	4	5	N/A
7. Is sensitive to individual differences and demonstrates flexibility in the supervisory relationship.	1	2	3	4	5	N/A
8. Assists supervisee in conceptualizing cases.	1	2	3	4	5	N/A
9. Uses the supervisory relationship to demonstrate principles of counseling.	1	2	3	4	5	N/A
10. Gives appropriate feedback to supervisee about facilitative and non-facilitative counseling behavior.	1	2	3	4	5	N/A
11. Confronts supervisee when appropriate.	1	2	3	4	5	N/A
12. Helps supervisee assess own strengths.	1	2	3	4	5	N/A
13. Assists supervisee in planning effective client goals and objectives.	1	2	3	4	5	N/A
14. Can identify supervisee's professional and personal strengths and weaknesses.	1	2	3	4	5	N/A
15. Is available on a regular basis for supervision.	1	2	3	4	5	N/A

B. SUPERVISOR EFFECTIVENESS

1. Your overall satisfaction with supervisor.	1	2	3	4	5	N/A
2. Competence of supervisor at giving good supervision.	1	2	3	4	5	N/A
3. Interactions with supervisor contributed to improving your counseling ability.	1	2	3	4	5	N/A
4. Interactions with supervisor contributed in assisting your clients to change and improve.	1	2	3	4	5	N/A
5. Interactions with supervisor contributed to self-confidence as a counselor.	1	2	3	4	5	N/A

C. COMMENTS (Please use back of page.)

33. Counseling Student Exit Requirements

Date: _____

Student Name: _____

Student Number: _____

I understand that all of the requirements listed below must be completed in order to receive my grade. I understand that a grade of "Incomplete" will be given if these requirements are not met, and that the grade will be changed upon completion of these requirements.

Student

Date

Supervisor

Date

- I have completed _____ charts (they are all closed and the papers are filed appropriately and signed by my supervisor when necessary).
- I have attended between 20 and 24 hours of class time.
- I have 14-16 hours of supervision with my CSU supervisor.
- I have 5 hours of observation, with **Observation Records** on file with my CSU supervisor.
- I have 30 client contact hours.
- I have 10 hours of group experience.
- I have handed in my case presentation.
- I have given two **Client Evaluations of Practicum Student** forms to my CSU supervisor.
- I have reviewed and returned to my supervisor both my **Midterm and Final Evaluation of Practicum Student** forms.
- I have signed all **Weekly Practicum Logs** and **Weekly Report for Conducting Groups** forms and have had them signed by my supervisor. I have stapled them together and turned them in to my CSU supervisor with this sheet on top.
- I have given an **Evaluation of Supervision by Practicum Student** form to my CSU supervisor.

I have completed the above conditions.

Student

Date

Supervisor

Date