

**School Counseling Program
Alfred University**

**Counseling Practicum
Process Notes**

Name _____ *Client* _____ *Date* _____

What the Client Shared:

How I Responded:

How the Session Ended:

What I Did WELL as the Counselor:

What I Think I Need to Work on as the Counselor:

Rate Yourself on the Following:

Skills *Needs Improvement* *Excellent*
1 2 3 4 5 6 7

Comfort *Very Uncomfortable* *Very Comfortable*
1 2 3 4 5 6 7

Confidence *None* *Very Confident*
1 2 3 4 5 6 7