Alfred University
Graduate Program in School Counseling
Downstate Site

Offered through the
Center for Integrated Teacher Education

Practicum Handbook

Updated: August 2007
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CONTACT INFORMATION

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CITE

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PURPOSES AND GOALS

The primary purpose of the counseling practicum is to provide supervised experiences for graduate students leading to increased competence, self-confidence, and autonomy in preparation for professional practice. A second goal is to supplement the counseling services available at practicum sites.

Service

The activities required in the practicum may include, but are not limited to:

- Individual counseling.
- Parent counseling.
- Counseling groups for children, adolescents, or adults.
- Family counseling, if this is a service of the agency.
- Career planning activities.
- College placement activities
- Parent education and support groups.
- Academic advising.
- Involvement with special education procedures and services.
- Scheduling and other administrative functions of counselors.

Training

All counseling practicum students are enrolled in the second year of the program, and have completed coursework equivalent to one year of full-time training, including a “pre-practicum” experience.

Pre-Requisites:

- Principles of Counseling (techniques)
- Profession of Counseling (ethics and professional foundations)
- Issues in School Counseling (principles and practices)
- Group Counseling (basic group procedures)
- Exceptionality (special needs and psychopathology)
- Human Development (lifespan development)
- Psychological Testing (measurement and test construction)
- Career Development (career theories, assessment and practices)

Co-Requisites:

- Advanced Theories and Techniques (applications of approaches)
- Multicultural Counseling (techniques/issues with diverse clients)
- Research and Statistics I (introductory statistics through ANOVA)
PERSONNEL

Counselors

All graduate counselors-in-training who provide services at practicum sites are students in the M.S.Ed. program in school counseling at Alfred University. These students are expected to spend a minimum of 7 hours (one work day) per week, a total of 100 hours, at their assigned site during the first semester of the second year of the graduate program; and 14 hours (two work days) per week, a total of 200 hours, at their assigned site during the second semester of the second year. Students are assigned to sites by the program faculty. Graduate counselors-in-training are expected to make arrangements to travel to their sites on their assigned days when the sites are open. Each student is responsible for her or his own transportation and is expected to be available at the sites during the hours established by the supervisor.

Site Supervisors

All site supervisors are master’s level counselors who are employed by schools. School supervisors must be certified school counselors. Each supervisor or a designee of the supervisor is expected to be present when a graduate counselor-in-training is on site.

Program Supervisors

The program supervisors are experienced counselors who are employed by the Alfred University Counseling program through CITE. These supervisors oversee the work of practicum students and serve as resources for the site supervisors. The program supervisors are expected to have regular contacts with the site supervisors, either by phone or in person, to discuss the progress of practicum students.

A program supervisor will meet face-to-face with all practicum students in a four hour seminars two times per month at each cohort’s site. Practicum students are expected to present counseling cases via discussion or tapes for supervision and feedback and discuss other practicum activities at their sites during these seminars.
POLICIES AND PROCEDURES

Confidentiality

Names of clients, testing reports, therapy session notes, etc. are confidential information. Care must be taken to insure that such information is available to the site staff and university supervisors only. This means that appointment books or any other forms containing client names should not be left unattended or exposed to public view. All materials should be placed in the client’s folder, which should be secured at the end of each day. Video- and audiotapes should be stored in locked areas and erased when they are no longer being used. Discussion of cases with others, with the exception of students in the practicum seminar, the university supervisor, and the site supervisor, should not occur. Information about clients is not to be given out (to schools, relatives, doctors, other mental health agencies, etc.) unless prior written permission has been obtained to do so. The site should have forms for consent to release information to other persons or agencies (see Appendix A).

Ethical Behavior

Practicum students are expected to follow all ethical and legal guidelines that have been delineated by the American Counseling Association (ACA), the American School Counseling Association (ASCA), the New York State Counseling Association (NYCA), the New York State School Counseling Association (NYSSCA), and all relevant state and federal regulations for the provision of counseling services to children.

Sexual Misconduct

All practicum students are expected to maintain socially and professionally appropriate conventions for behavior with clients. The physical and emotional boundaries of clients, including children, adults, and colleagues, must be respected. Acts of sexual harassment, including inappropriate physical contact and verbal interactions, will not be tolerated. Any such acts will result in sanctions, including dismissal from the program and legal action.

Professionalism

Students should keep in mind that the practicum sites are located in schools that are places of business. Therefore, all practicum students should behave and dress in a professional manner. Counselors-in-training should refrain from overly casual behavior or dress at sites, and should behave respectfully towards clients, school staff, and agency personnel (e.g., prompt return of phone calls and timely completion of reports).

Scheduling Appointments

Each practicum student is responsible for scheduling appointments with clients according to the procedures of the site. Students who are working in school must be aware of student schedules and avoid removing students from required classes. Practicum students are responsible for keeping their supervisors informed of appointment times and other activities, in order to avoid scheduling conflicts.

Client Folders

A file folder will be maintained for each client seen regularly during the practicum. All materials pertaining to the client must be kept in the appropriate section of that folder. Client folders may not be removed from the site for any reason while a case is active, without permission of the site supervisor. After a case is closed, folders will be stored by the practicum student in a secure area.
During the first session, clients should be asked to sign permission forms for counseling services and audiovisual recording. In the case of minors, parent consent must be obtained in order for taping to occur. A copy of the parent consent is to be submitted to the university supervisor and the original kept in the client’s file. Each file should contain the following:

- Progress Notes
- Counseling Consent
- Audiovisual Consent
- Session Notes

**Telephone and On-Line Usage**

Practicum students are responsible for finding out the policies of their sites for use of telephones and computers to contact clients, parents, or agencies involved with clients. Students are expected to adhere to the policies of their sites.

**Child Abuse**

State law requires reporting of suspected child abuse to a Child Protective Services Agency. Please consult your supervisor immediately concerning this matter. The purpose of this is to protect children and assist offenders towards help and change. If in the course of a counseling session or other student contact you begin to suspect child abuse, you must take the following steps:

- Consult your supervisor immediately.
- Call the New York State Social Services hotline at 1-800-342-3720 to discuss your concerns. You can call this number any time of day or night.
- If the information is sufficient to suggest child abuse, you will be asked to provide a written follow-up report. The case will be investigated by Social Services.

**Crisis Intervention**

If a client has a problem which requires immediate attention, practicum students should take necessary precautions AND consult their supervisors immediately. Crises may include but are not limited to the following:

- Suicidal thoughts or clear suicide threat.
- Thoughts about or clear intent to harm others, including any type of bodily injury.
- Engaging in behavior that is self-injurious or abusive, including alcohol or substance abuse, cutting, or thrill-seeking.

In any of these situations, the supervisor and any appropriate school personnel, family members, law enforcement, and/or mental health personnel should be notified, and action taken to insure the client’s safety, or the safety of individuals who may be placed in danger by the client.
PRACTICUM COURSES

COUN 656 - Pre-Practicum (1 Credit Hour)
This course will acclimate students to the environment in which the counseling experience occurs through a series of site visits (minimum of 5) to schools, mental health agencies, and/or colleges/universities. Interview summaries, detailed analyses, and other relevant counseling experiences are a part of the course. Continued orientation to the role of the professional counselor and ethical concerns will also be discussed. Students will practice the basics in terms of active listening skills and the use of appropriate counseling techniques through role-plays and other activities. This class meets weekly.

COUN 657 - Practicum in Counseling I (2 Credit Hours)
The student is required to spend a minimum of 100 clock hours at a selected school, agency or college/university, working under supervision with clients/students. During that time, the student is expected to increase his or her competence in the areas of basic interviewing, assessment, and counseling skills. Furthermore, the student will be made more aware of the ethical, legal, and professional issues inherent in the counseling process. The student is provided practical, on-the-job, supervised and evaluated field experiences that provide the foundation for internship experiences. A weekly seminar class accompanies the fieldwork experience, which will focus on discussion of the theory and practice of supervision vis-à-vis the practicum.

COUN 658 - Practicum in Counseling II (3 Credit Hours)
This is a continuation of COUN 657, with the exception that the student is required to spend a minimum of 200 clock hours at a selected school, agency or college/university, working under supervision with clients/students. Students continue to develop conceptual and professional skills related to their practice at a field site. Again, a weekly seminar class accompanies the fieldwork experience.

DESCRIPTION OF REQUIRED FORMS

Descriptions of the required forms for the purpose of record-keeping are provided below. Samples of completed forms follow the descriptions. Blank forms that may be copied for student use are provided in Appendix A; they are also available in .pdf format on the Alfred University web site at the following link: (https://www.alfred.edu/academics/graduate-programs/school-counseling-auny.cfm).

Students are expected to email forms to the practicum course instructor and to Dr. Robert Bitting (bitting.cite@alfred.edu). Instructions regarding form submission will be explained at the beginning of the Practicum course.

COUNSELING CONSENT FORM

Practicum students are required to obtain consent to see any student who will receive counseling services (individual, group, family, etc.) from the student’s parents if the student is under 18 years of age, or directly from the student, if he/she is 18 years of age or older. This form may be adapted to the particular school in which a practicum student is placed and/or may be reproduced on the school’s letterhead, if so required. If a school has its own consent form in place, practicum students may use the school’s form in lieu of the program form. In either case, a copy of this form must be returned to the university practicum instructor to be kept on file by the university. Practicum students do not have to obtain consents for students who they are seeing for academic advisement, career planning, college placement activities, etc., unless their site requires that they do.
ACTIVITY JOURNAL FORM

Each student is required to complete and return a copy of this form on a weekly basis. This form allows practicum students and course supervisors to track the students’ progress, activities, and hours across the practicum experience. It also provides documentation that the student has completed the necessary hours for completion of the program and, therefore, provisional certification. The following are definitions of the areas to be documented:

- **Counseling Activities**: Any activities, individual, parent, or family, which involve providing personal counseling services. These may include such things as discussing social, emotional, or behavioral problems (depression, anxiety, divorce, family violence, bereavement, anger management, etc.); discipline issues (difficulties with parenting); and developmental issues (peer pressure, bullying, relational aggression).
- **Guidance Activities**: Activities that are not directly related to provision of counseling services, such as: career development programming (group or class presentations, aptitude/interest assessment, shadowing activities, vocational training activities); general academic advisement programming (study skills training, presentations on requirements, etc.); parent programs (college financial aid workshops, parenting groups).
- **Consultation Activities**: Interactions with teachers, administrators, paraprofessionals, etc., related to resolving student issues indirectly through helping the adults develop and implement strategies for a particular problem situation (e.g., responding to disruptive behavior in the classroom, dealing with parents, setting up a reinforcement system).
- **Group Activities**: Counseling groups for specific problems (divorce, anger management, social skills), general counseling groups for mandated students, and classroom or group guidance activities that deal with general developmental issues (such as, affective education programming, anti-bullying programs, peer pressure, self-esteem, relational aggression, dating violence, drug/alcohol prevention, etc.)
- **Administrative Activities**: Activities such as schedule changes, setting up annual schedules and four year plans for individual students, developing a master schedule, completing required reports for the school district, organizing and implementing various required testing programs, attending CSE and building level team meetings, etc.
- **Other Activities**: Anything that does not fit in the above categories.
- **Practicum Hours**: At the bottom of the form, calculate the total number of hours spent in practicum activities for the week.

PROCESS NOTE FORM

This form provides a means for students and university supervisors to evaluate their progress with individual clients and desired training needs. This form is to be filled out only for clients who are being seen for counseling (not for academic advisement, college planning, etc.). Students are to process the session by completing each section of the form and then assessing their performance as a counselor. This should provide them with guidance regarding what they need to discuss in the practicum seminar during group supervision.
CASE SUMMARY FORM

The case summary form provides necessary background information concerning a student who is being seen. Practicum students are expected to complete this form for counseling clients they are discussing in the practicum seminar. The purpose of this form is to provide the course instructor/ supervisor with general background information about each client which the instructor may use during case discussions in the course seminar. Each form is to be returned to the course instructor and will be stored in the student’s practicum file. Practicum students do not have to complete these forms for students who they are seeing for academic advisement, career planning, college placement activities, etc.

PRACTICUM EVALUATION FORM

This form will be completed by each student’s field supervisor at the end of each semester. Students are expected to attain minimum ratings of 2 or 3 by the end of the second practicum.
APPENDIX A: SAMPLE OF COMPLETED FORMS
Downstate School Counseling Program  
Division of School Psychology  
Alfred University  
Alfred, New York 14802  

Counseling Consent Form  

I give permission for my child, Miranda Jones, to receive counseling from, Bob Bitting, Alfred University counseling graduate student, as part of the student's practicum. I understand that the graduate student will be supervised by faculty from the Alfred University Counseling Program. I also understand that counseling is being offered to my child on a voluntary basis and I may withdraw my child from counseling at any time.

_________________________   ____________________________  
Date   Parent Signature  

Mrs. Jones  
Parent Name (Please print.)

Optional Consent to Audiotape  

Parental consent is necessary if you want your child to receive counseling. While audio/videotaping of sessions is not required, it does allow the graduate student to receive feedback regarding his or her performance as a counselor. If you would be in favor of allowing your child's counseling sessions to be audiotaped, please read and sign the additional consent form below. If you consented to counseling but do not consent to audiotaping, your child will still receive counseling and will not be audiotaped.

I give permission to Bob Bitting, Alfred University Counseling graduate student, to audio/videotape counseling sessions with my child, Miranda Jones. I understand that information recorded on the audiotapes is confidential and that the taped sessions will be reviewed only by the counselor-supervisor an faculty from the Alfred University Counseling Program, for the purpose of providing feedback to the graduate student who is seeing my child. I also understand that the tapes will be erased or recorded over after they have been reviewed.

_________________________   ____________________________  
Date   Parent Signature

If you have questions or would like further information about this activity please contact: Dr. Robert Bitting, Practicum Coordinator, Alfred University School Counseling Program - Downstate, 1 Saxon Drive, Alfred, NY 14802, 607-871-2212, bitting@alfred.edu
Counseling Practicum
Activity Journal

Name: Bob Bitting

Week of: 9/12/07

<table>
<thead>
<tr>
<th>Counseling Activities</th>
<th>Client</th>
<th>Age</th>
<th>Grade</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MJ</td>
<td>17</td>
<td>11</td>
<td>Individual counseling – 2 sessions</td>
</tr>
<tr>
<td></td>
<td>TS</td>
<td>15</td>
<td>10</td>
<td>Individual counseling – 1 session</td>
</tr>
<tr>
<td></td>
<td>BB</td>
<td>16</td>
<td>10</td>
<td>Crisis – de-escalating from fight</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guidance Activities</th>
<th>Student</th>
<th>Grade</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 students</td>
<td>9</td>
<td>Trained to use Discover software.</td>
</tr>
<tr>
<td></td>
<td>VV</td>
<td>10</td>
<td>Reviewed ASVAB results.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consultation Activities</th>
<th>Consultee</th>
<th>Regarding</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ms. S.</td>
<td>B. Smith</td>
<td>Suggestions for getting B. to complete HW.</td>
</tr>
</tbody>
</table>


### Group Activities

<table>
<thead>
<tr>
<th>Group</th>
<th>Grade</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Club Ophelia (girls)</td>
<td>10</td>
<td>Brainstormed ways to respond to put-downs.</td>
</tr>
<tr>
<td>Anger management (boys)</td>
<td>9</td>
<td>Worked on relaxation techniques.</td>
</tr>
</tbody>
</table>

### Administrative Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Regarding</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>State exams</td>
<td>ELA</td>
<td>Divided by grade and prepared to distribute.</td>
</tr>
<tr>
<td>Master schedule</td>
<td></td>
<td>Started building class sections for grade 10.</td>
</tr>
</tbody>
</table>

### Other Activities:
- Chaperoned field trip to restaurant museum.
- Volunteered to help with 9th grade intramural basketball.

**Total Days this Week:** $5$  
**Hours per Day:** $1.5$  
**Total Hours:** $7.5$
Downstate School Counseling Program
Division of School Psychology
Alfred University
Alfred, New York 14802

Counseling Practicum
Process Notes

Name ____________________  Client _______  Date 9/14/07________  

What the Client Shared:
Client discussed recent break up with girlfriend. He was angry at first, but then started talking about how much he missed her and mistakes he thinks he made in their relationship. He was pressuring her to have sex even though he knew she didn’t want to yet. At first he blamed her, then he started to take responsibility for his actions.

How I Responded:
I listened and tried to summarize his feelings accurately. I did point out that he was acting like a typical guy by focusing on having sex and that he wasn’t respecting his girlfriend when he kept pressuring her. I tried to keep him focused on his feelings.

How the Session Ended:
WB said that he would check in with me later this week to let me know how he was doing.

What I Did WELL as the Counselor:
I think I used reflective responses pretty consistently.

What I Think I Need to Work on as the Counselor:
I don’t think I was assertive enough in challenging him about his behavior.

Rate Yourself on the Following:

Needs Improvement
Skills

Excellent
1 2 3 4 X 5 6 7

Very Uncomfortable
Comfort

Very Comfortable
1 2 3 X 4 5 6 7

None
Confidence

Very Confident
1 2 3 X 4 5 6 7
Client: M J  Age: N

Presenting Problem:
Miranda originally sought counseling because of difficulties getting along with her mother. After meeting with her 3 times, it became apparent that she is feeling depressed and neglected, and that the original complaints are part of a bigger pattern of unhappiness, anger, and feelings of abandonment.

Diagnosis (if client is receiving outside counseling):
None at this time.

Medications:
None.

Other Agencies/Service Providers:
A PINS was filed when Miranda was 14 resulting from her running away when she became upset with her mother. Miranda fulfilled the requirements of the PINS and was discharged after 6 months. There have been no other agencies involved since that time.

Consult Questions:
I want to know how to get Miranda to focus more on her depressed feelings rather than her ongoing anger with her mother.

Relevant Background History:
Father left when client was 5. She has no contact with him.

Client became sexually active at age 12. She usually has a steady boyfriend and is not without one for long periods of time.

She says boyfriends make her feel like someone.

Her mother works 3 jobs and is seldom home. But mom is trying to maintain a stable household for client and has specific expectations regarding client's behavior and school work.

Grandma is home with client when mom is working. Grandma does not seem able to be strict with client.

Sketch Genogram on Back
APPENDIX B: Blank Practicum Forms and Materials
Counseling Consent Form

I give permission for my child, ________________________________, to receive counseling from, __________________, Alfred University counseling graduate student, as part of the student's practicum. I understand that the graduate student will be supervised by faculty from the Alfred University Counseling Program. I also understand that counseling is being offered to my child on a voluntary basis and I may withdraw my child from counseling at any time.

_________________________________________________________  ____________________________________________________________
Date                                                  Parent Signature

_________________________________________________________
Parent Name (Please print.)

Optional Consent to Audiotape

Parental consent is necessary if you want your child to receive counseling. While audio/videotaping of sessions is not required, it does allow the graduate student to receive feedback regarding his or her performance as a counselor. If you would be in favor of allowing your child's counseling sessions to be audiotaped, please read and sign the additional consent form below. If you consented to counseling but do not consent to audiotaping, your child will still receive counseling and will not be audiotaped.

I give permission to __________________________, Alfred University Counseling graduate student, to audio/videotape counseling sessions with my child, __________________________. I understand that information recorded on the audiotapes is confidential and that the taped sessions will be reviewed only by the counselor-supervisor and faculty from the Alfred University Counseling Program, for the purpose of providing feedback to the graduate student who is seeing my child. I also understand that the tapes will be erased or recorded over after they have been reviewed.

_________________________________________________________  ____________________________________________________________
Date                                                  Parent Signature

If you have questions or would like further information about this activity please contact: Dr. Robert Bitting, Practicum Coordinator, Alfred University School Counseling Program - Downstate, 1 Saxon Drive, Alfred, NY 14802, 607-871-2212, bitting@alfred.edu
Counseling Practicum
Activity Journal

Name ___________________________  Week of ___________________________

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<tr>
<th>Counseling Activities</th>
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<td>Client</td>
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### Other Activities:

**Total Days this Week:** _______  \( \times \)  **Hours per Day:** _______  =  **Total Hours:** _______
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:

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills 1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Very Uncomfortable</th>
<th>Very Comfortable</th>
</tr>
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<tbody>
<tr>
<td>Comfort 1 2 3 4 5 6 7</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>None</th>
<th>Very Confident</th>
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<tbody>
<tr>
<td>Confidence 1 2 3 4 5 6 7</td>
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</table>
Counseling Practicum
Case Summary

Client: __________________________ Age: __________________

Presenting Problem:

Diagnosis:

Medications:

Other Agencies/Service Providers:

Consult Questions:

Relevant Background History:

Sketch Genogram on Back
Practicum Evaluation Form

Student: ________________________________________________ Date ____________________

Site: _________________________________________________________________________________________

Practicum Supervisor: __________________________________________________________________________

<table>
<thead>
<tr>
<th>Rating Scale:</th>
<th>Remediation Plan</th>
<th>Minimal Remediation</th>
<th>In Progress</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Demonstrates Excellence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
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</tbody>
</table>

PROFESSIONAL SKILLS

<table>
<thead>
<tr>
<th>Area</th>
<th>Rating</th>
<th>Comments/Suggestions for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completes Work in a Timely Manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctuality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dresses Appropriately for Work Setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Communication (letter writing, notes to parents, teachers/professors, colleagues, professional staff, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Skills (scheduling, use of administrative programs/procedures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guidance Skills (career development activities, academic or life-management counseling)</td>
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<tr>
<td>Record Keeping</td>
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Additional Comments:
**COUNSELING SKILLS**

<table>
<thead>
<tr>
<th>Area</th>
<th>Rating</th>
<th>Comments/Suggestions for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application of Basic Therapeutic Relationship Conditions (positive regard, empathy, genuineness) to Counseling Sessions, Parent/Guardian Contacts, and Consultations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Appropriate Counseling Techniques for Students/Clients’ Ages and Levels of Functioning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling Individual Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling Individual Secondary Level Students/Clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling Individual Elementary Level Children</td>
<td></td>
<td></td>
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<tr>
<td>Counseling/Consulting with Parents or Colleagues</td>
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<td></td>
</tr>
<tr>
<td>Consulting with Teachers/Professors and Other School/College Personnel, Consulting with Other Professional Staff</td>
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<td></td>
</tr>
<tr>
<td>Group Counseling/ Guidance Skills with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ Adolescents/Secondary Students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ Children/Elementary Students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ College Students</td>
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<tr>
<td>______ Adults</td>
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**Additional Comments:**
## PERSONAL AND PROFESSIONAL DEVELOPMENT SKILLS

<table>
<thead>
<tr>
<th>Area</th>
<th>Rating</th>
<th>Comments</th>
<th>Goals/Suggestions for Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilizing Feedback and Recognizing Strengths and Weaknesses Non-Defensively</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Handling Frustration and Ambiguity</td>
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<tr>
<td>Appropriate Assertiveness Skills</td>
<td></td>
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<tr>
<td>Sensitivity and Tolerance for Other Viewpoints</td>
<td></td>
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<tr>
<td>Taking Appropriate Initiative for Improving Skills</td>
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<tr>
<td>Awareness of and Sensitivity to Cultural Differences</td>
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</tbody>
</table>

**Additional Comments:**

**Strengths:**

**Areas in Need of Improvement:**

Overall Progress in the Practicum: 

- Needs
- Improvement
- Satisfactory
- Good
- Excellent

__________________________________________
Practicum Supervisor

__________________________________________
Student Signature