

STUDENT RESOURCES

*Provided to Supplement*

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# The Counseling Practicum and Internship Manual

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A RESOURCE FOR GRADUATE COUNSELING STUDENTS

Second Edition

**Shannon Hodges, PhD, LMHC, ACS**

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**EXHIBIT 2.1 Practicum/Internship Site Information Form\***

Date of Contract: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Agency/School/College Site: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact's Job Title: \_\_\_\_\_

Contact's Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Contact's E-Mail: \_\_\_\_\_

Write a brief description of the site, population it serves, whether inpatient or outpatient, and anything that seems pertinent.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's versus site's schedule: How well does your schedule match that of the site (e.g., Do you need weekend and evening hours for practicum/internship)?

*(continued)*

**EXHIBIT 2.1 Practicum/Internship Site Information Form\* (continued)**

Based on my contact with this site (phone conversation, e-mail, interview, etc.), does the site seem:

- A. Very interested in me doing a practicum/internship with them.
- B. Moderately interested in me doing a practicum/internship with them.
- C. Not interested in me doing a practicum/internship with them.

Based on my understanding of this placement, I would rate my interest in this site as:

Uninterested                      Low                      Average                      Above Average                      High

I would rate my fit (e.g., values, type of population served, view of staff and supervisor) for this site as:

Poor                      Average                      Good                      Excellent

Next step: Do you have a formal interview set up with this site? Yes/No

If you have an interview set up, consider the following checklist:

1. Do you have an up-to-date résumé?
2. A cover letter?
3. Directions to the site?
4. Have you visited its website to learn about the agency and the clients it counsels?
5. If you know someone who has interned at the site, have you spoken to him or her regarding his or her experience?
6. Do you have any concerns about this site? If so, how serious are they?
7. Have you spoken with your faculty advisor about this site?
8. Have you done any mock interviewing in order to prepare for a potential interview? (Note: Not all practicum/internships will require a formal interview, although many will. Treat a practicum/internship interview as serious as a job interview. It's good practice for the future.)

\*This form is to assist you in gathering information regarding potential practicum and internship placements. Copy this form and use it as a worksheet when searching for a placement. Use one sheet per placement.

### EXHIBIT 3.1 Informed Consent for Clients

**Jane Doe, MS, LMHC, NCC**  
**1719 Freud Lane**  
**Therapy, NY 10017**  
**jane.doe@aol.com**  
**Phone: (123) 456-7890**

#### **My Qualifications**

My practice includes counseling with children, adolescents, and couples. I am also a New York State Certified Mediator. I hold a master's degree in Mental Health Counseling, am a Licensed Mental Health Counselor (LMHC), and a Nationally Certified Counselor (NCC). I have postgraduate training in cognitive behavioral therapy from the Beck Institute in Philadelphia. My postgraduate experience includes 15 years as a community mental health counselor and I hold memberships in the American Counseling Association and the American Mental Health Counselors Association.

The clinic's fees are set by your insurance carrier, so you want to consult your carrier for any questions. For uninsured clients, we offer a sliding fee scale with minimum fees set equal to the lowest billable insurance carrier (\$60.00 per session). Most insurance carriers will allow 8–10 sessions.

#### **The General Course of Counseling**

I appreciate that you have come to our clinic and I want to be thorough and specific in helping you achieve the goals you have set. My job is to provide assessment and counseling and work conjointly with you to set treatment goals. It is true that in counseling success depends on the client actively wanting to change. Counseling is not an exact science, and at times the counselor, in consultation with you, may need to revise the goals of treatment. Some assessment will be carried out at the intake time and other assessments may be added later for further clarification. Unless otherwise stated, all counseling sessions are 50 minutes long.

If you have been mandated for treatment to this agency, you will be required to sign a Release of Information Form so this counselor and the agency can provide necessary information to the agency, parole officer, court, or other official that mandated your treatment.

Anytime you have questions regarding your treatment, please feel free to ask.

#### **Record Keeping and Confidentiality**

Ethically and legally, I am required to keep records of all our contacts. Legally, you have the right to see all information generated between us. You must provide explicit permission for information to be revealed, unless the law specifies otherwise (see exceptions to confidentiality). Thus, with your written consent, I will provide information to anyone with a legitimate need. You are also entitled to a copy of any records generated in this office. This clinic keeps records for 10 years past the last date of contact. Then, because of space and privacy concerns, records are destroyed in compliance with state law and professional ethics.

#### **Exceptions to Confidentiality**

The following are general legal/ethical exceptions to confidentiality (check with your state or province as there is variation):

- When child abuse/neglect is suspected.
- When elder abuse is suspected.
- In the case of imminent danger of suicide.
- In the event of a clear and specified threat to a third party.
- If a life-threatening contagious disease threatens a third party (e.g., AIDS, HIV).
- When a client provides written permission (i.e., Release of Information Form).
- If a judge mandates a release of information.
- If a client sues a counselor or makes false charges against a counselor.

(continued)

**EXHIBIT 3.1 Informed Consent for Clients (continued)****Client as Consumer**

As a client in counseling, you are encouraged to participate actively and fully in your own treatment. Many counselors will assign homework activities, reading, and so forth. You are encouraged to follow through with as many homework assignments as possible. In addition, keep your counselor apprised when you cannot complete out-of-session assignments so that the two of you can make a new plan. Also, if you feel you do not fully understand something, ask your counselor for clarification. Clients who take an active approach to their treatment are likely to make more therapeutic progress than those who are passive.

**Your Rights as a Client**

Although you are encouraged to discuss the issues with your counselor first, if for any reason you believe your rights have been violated, you have a right to file a grievance.

**For Ethical Issues**

American Counseling Association (ACA)  
5999 Stevenson Ave.  
Alexandria, VA 22304  
1-800-347-6647 (x314)

New York State Board for Mental Health Counselors  
State Education Department  
Office of the Professions  
89 Washington Ave.  
Albany, NY 12234-1000  
[www.op.nysed.gov](http://www.op.nysed.gov)

I have read and understand all information presented here in the informed consent document.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

**EXHIBIT 4.1 Initial Intake Form**

NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W/C)

**Identifying Information**

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_

Sex: Female \_\_\_\_\_ Male \_\_\_\_\_ Height: \_\_\_\_ Ft. \_\_\_\_ In. Weight: \_\_\_\_ Lbs.

Occupation: \_\_\_\_\_

Marital Status: M \_\_\_\_\_ S \_\_\_\_\_ D \_\_\_\_\_ Sep. \_\_\_\_\_ Other: \_\_\_\_\_

Spouse's/Partner's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name(s)/Ages of Children (If applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral Source: \_\_\_\_\_

Address of Referral Source: \_\_\_\_\_

**Treatment History**

Are you currently taking medication? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, name of medication(s): \_\_\_\_\_

Provider of medication(s): \_\_\_\_\_

Have you received previous psychiatric/psychological treatment?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, name the provider: \_\_\_\_\_

Dates of Counseling/Psychiatric Treatment: \_\_\_\_\_  
\_\_\_\_\_

(continued)

**EXHIBIT 4.1 Initial Intake Form (continued)**

Has any close relative ever had psychiatric treatment or been committed to a psychiatric hospital? Yes: \_\_\_\_  
No: \_\_\_\_

If yes, please explain:

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What factor(s) led you to seek counseling services? \_\_\_\_\_

---



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Symptoms: \_\_\_\_\_

---

Treatment Outlook: If you were to feel better, what would be different?

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What personal strengths do you possess that can help with your treatment?

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**Family History**

Mother's Name: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Brother(s)/Sister(s):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

(continued)

**EXHIBIT 4.1 Initial Intake Form (continued)****Educational History**

High School: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Technical School: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate/Professional: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

**EXHIBIT 4.2 Mental Status Examination (Brief Version)\***

**Now, I am going to ask you a series of questions to test your concentration and memory. Answer to the best of your ability. Okay, any questions before we begin?**

**Orientation to Time:**

What year is this? (1 point)  
 What season is this? (1 point)  
 What is the month and date? (1 point)  
 What day of the week is it? (1 point)  
 (Maximum of 4 points)

**Orientation to Place:**

What is the name of this institution/school/agency? (1 point)  
 What floor are we on? (1 point)  
 What city and state are we in? (1 point)  
 What county is this? (1 point)  
 (Maximum of 4 points)

**Immediate Recall:**

I am going to say three objects. After I say them I want you to repeat them. They are "ball," "flag," and "tree." Now say them. Remember them because I will ask you to repeat them later. (Interviewer: 1 point for each; maximum of 3 points)

**Attention:**

(Choose from either of the following items but not both)

Serial 7s. Subtract 7 from 100 and continue until I tell you to stop. (Interviewer: Continue until subject makes an error. 1 point for each correct answer up to a maximum score of 5 points)

Spell the word "world" backwards. (1 point for each correct letter; maximum of 5 points)

**Delayed Recall:**

What are the three words I asked you to remember? (1 point for each; maximum of 3 points)

**Naming:**

Show subject a pen and wristwatch and ask to name them. (1 point for each; maximum of 2 points)

**Repetition:**

Repeat the following sentence exactly as I say it. "No ifs, ands, or buts." (1 point for each word; maximum of 3 points)

**Stage Command:**

"Now I want to see how well you can follow instructions. I'm going to give you a piece of paper. Take it in your right hand, use both hands to fold it in half, and then put it on the floor." (1 point for each command; maximum of 3 points)

**Reading:**

Show the subject a headline written on the following page and ask him or her to read what it says silently and then to do what it says. (1 point; Note: You may write anything. The point is to see if the client understands it.)

(continued)

**EXHIBIT 4.2 Mental Status Examination (Brief Version)\* (continued)****Copying:**

Give subject a clean sheet of paper and ask him or her to copy the geometric design printed on the next page. (1 point)

**Writing:**

On the same sheet of paper, ask the subject to write a complete sentence. (1 point)

**Scoring Procedures:**

Total (Maximum Score) = 30

**Note:**

Scores of 23–30 indicate expected or *normal functioning*. Scores lower than 23 suggest the presence of *cognitive impairment*.

23–30 = *no cognitive impairment*

18–23 = *mild cognitive impairment*

0–17 = *significant cognitive impairment*

*MSE scores may be invalid if the subject has less than a ninth-grade education, is intoxicated, or is under the influence of other drugs.*

Adapted from Folstein, Folstein, & McHugh, 1975; Polanski & Hinkle, 2000.

\*A Mental Status Examination (MSE) is a common subjective form of assessment that typically accompanies a clinical intake. This MSE is a common example of a brief or short version. Short versions are often used in clinical settings to regularly assess change in a client.

**EXHIBIT 4.3 Mental Status Examination for Older Children, Adolescents, and Adults\***

The areas to be covered for the written Mental Status Examination report:

**Prior to beginning, explain:**

1. Who you are? (Certified School Counselor, Licensed Professional Counselor, etc.)
2. What setting are you in? (school, hospital, clinic, prison, etc.)
3. Why is the MSE taking place? (teacher request, standard procedure, client mandated by court or parole and probation, etc.)
4. Informed consent. (Confidentiality and its limits, training or education, fees—if applicable, rights and responsibilities of person being assessed, etc.)
5. Always ask the person being assessed, "Do you have any questions?"

*When interviewing a client, always remain calm and in control. Exaggerated verbal and nonverbal responses may invalidate the interview.*

**A. Heading**

Name:

Age:

Date of Birth:

Gender:

Interview Site:

Date of Interview and Report:

Person Making the Referral:

Reason for Referral:

**B. Appearance and Behavior**

1. How did the client present himself or herself?
2. How did the interviewee look? (Note grooming, height, weight, facial appearance, special adornments, jewelry.)
3. How did the interviewee act during the interview? (Note any bizarre gestures, postures, repetitive movements, poor eye contact, slow movements, excessive movements, etc.)
4. Was the interviewee's behavior appropriate for his or her age, education, and vocational status?
5. How did the interviewee relate to the interviewer (e.g., was he or she wary, friendly, manipulative, approval seeking, hostile, superficial)?

**C. Speech and Communication**

1. How was the general flow of the interviewee's speech? (e.g., Was it rapid, controlled, hesitant, slow, pressured?)
2. Does the interviewee have speech impediments?
3. How was the general tone and content of the interviewee's speech? (Note, for example, over- or underproductivity of speech, flight of ideas, paucity of ideas, loose associations, rambling, tangentially, neologisms, bizarre use of words, incoherence, etc.)
4. What was the relationship between verbal and nonverbal communication?
5. Was there a relationship between tone and content of the communications?
6. How interested was the interviewee in communicating?

(continued)

**EXHIBIT 4.3 Mental Status Examination for Older Children, Adolescents, and Adults\* (continued)****D. Thought Content**

1. What did the interviewee discuss? (Note, for example, content that he or she brought up spontaneously.)
2. What were the problem areas?
3. Were there any recurring themes?
4. Were there any signs of psychopathology, such as obsessions, delusions, hallucinations, phobias, or compulsions?

**E. Sensory and Motor Functioning**

1. How intact were the interviewee's senses—hearing, sight, touch, and smell?
2. How adequate was the interviewee's gross motor coordination?
3. How adequate was the interviewee's fine motor coordination?
4. Were there signs of motor difficulties such as exaggerated movements, repetitive movements (tics, twitches, tremors, bizarre postures, slow movements, or rituals)?

**F. Cognitive Functioning**

1. What was the general mood of the interviewee (e.g., was he or she sad, elated, anxious, tense, suspicious, or irritable)?
2. Did the interviewee's mood fluctuate or change during the interview?
3. How did the interviewee react to the interview (e.g., was he or she cold, friendly, cooperative, suspicious, or cautious)?
4. Was the interviewee's affect appropriate for the speech and content of the communications?
5. What did the interviewee say about his or her mood and feelings?
6. Was the self-report congruent with the interviewee's behavior during the interview?

**G. Insight and Judgment**

1. What is the interviewee's belief about why he or she was coming to the interview?
2. Is the belief appropriate and realistic?
3. Is the interviewee aware of his or her problem and the concerns of others?
4. Does the interviewee have ideas about what caused the problem?
5. Does the interviewee have any idea about how the problem could be alleviated?
6. How good is the interviewee's judgment in carrying out everyday activities?
7. How does the interviewee solve problems of living (e.g., impulsively, independently, responsibly, trial and error)?
8. Does the interviewee make appropriate use of advice or assistance?
9. How much does the interviewee desire help for his or her problems?

**H. Questions to Ask the Interviewee**

(Note: This section is geared to older children, adolescents, and adults. For preschool and K–2, many of these questions may be inappropriate.)

**Key:** Questions 1–4 and 8–10 test general orientation to time, place, and person, respectively; 11–16 test recent memory; 17–20 test remote memory; 21–23 test immediate memory; 24–25 test insight and judgment; and 26–28 test oral reading and spelling skills.

1. What is today's date?
2. What day is it?
3. What month is it?
4. What year is it?
5. Where are you?
6. What is the name of this city?
7. What is the name of this clinic? (or school, university counseling center, etc.)
8. What is your name?

(continued)

**EXHIBIT 4.3 Mental Status Examination for Older Children, Adolescents, and Adults\* (continued)**

9. How old are you?
10. What do you do?
11. Who is the president of the United States?
12. Who was the president before him?
13. Who is the governor of this state?
14. How did you get to this clinic (or school counseling center)?
15. What is your father's name?
16. What is your mother's name?
17. When is your birthday?
18. Where were you born?
19. Did you finish elementary school? (if appropriate)
20. When did you finish high school? (if appropriate)
21. Repeat these numbers back after me: 6-9-5, 4-3-8-1, 2-9-8-5-7.
22. Say these numbers backwards: 8-3-7, 9-4-6-1, 7-3-2-5-8.
23. Say these words after me: ball, flag, tree.
24. What does this saying mean: "A stitch in time saves nine"?
25. What does this saying mean: "Too many cooks spoil the broth"?
26. Read back the three words I gave to you earlier. (ball, flag, tree)
27. Write the words given previously. (ball, flag, tree)
28. Spell these words: spoon, cover, attitude, procedure.

**I. Conclusion**

At the conclusion of the Mental Status Examination report, write your name and credentials:

Adapted from Hodges (2014).

\*Longer versions of the MSE are more typically used when a client is beginning counseling. The format presented in this exhibit represents one example of an MSE. The Mini Mental Status Examination is much briefer (usually half the questions) and likely as valid and reliable as the longer MSE. Some agencies will use the MMSE in place of the MSE as a time-saver.

**EXHIBIT 5.1 DSM-5 and SOAP Client Case Note Format**

Page 1 of 2

Name(s) and age(s) of client(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      Code(s): \_\_\_\_\_                      Session #: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Cite Criteria for Primary Diagnosis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*DSM-5 Preliminary Diagnostic Impressions (For educational and training purposes only. Not intended as a final diagnosis):*

*\*Prescriptive. Not intended as a final diagnosis.*

**Subjective (S):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(continued)

**EXHIBIT 5.1 DSM-5 and SOAP Client Case Note Format (continued)**

**Objective (O):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessment (A):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan (P):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Code: psy. = psychiatric referral; ac = acute; cr = chronic; R/x = meds; Tx = treatment; pr = parental access restricted; wc = ward of court; npr = no previous records

Counselor's Signature \_\_\_\_\_

**EXHIBIT 6.2 Client Permission to Record Counseling Session for Supervision Purposes**

I/We, \_\_\_\_\_ hereby grant permission for our counselor to videotape/audiotape (circle appropriate recording choice) our counseling session on the following date(s): \_\_\_\_\_

I/We understand that the purpose of this recording is for the clinical supervision of my/our counselor's work. I/We provide for the following people to view the recording:

\_\_\_\_\_ (Supervisor)

\_\_\_\_\_ (Practicum/Internship Group)

The above-named persons will also hold the information on the recording confidential. The recording will be erased after the supervisor has reviewed it.

\_\_\_\_\_ Date: \_\_\_\_\_

Client Signature

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

**Parental/Guardian Permission to Record Session Form**

The graduate counseling program at Northern State University conducts a practicum and internship course for the purpose of training future professional counselors. The practicum/internship class is an advanced course requirement of all degree candidates in Northern State University's graduate counseling program. Graduate students in the counseling program are required to record counseling sessions as part of their professional training and development and to be of more assistance to the clients they counsel. The counseling sessions conducted with your child will be reviewed by the student counselor's faculty supervisor (or, in some cases, the supervisor at this site) and a small group of graduate students in the practicum/internship. The faculty supervisor, on-site supervisor, and graduate counseling students are all held to confidentiality and the contents of this recording will not be revealed beyond the course. Once the recording has been played, it will be erased. By signing this form, you give permission for your child to be recorded.

Thank you for your cooperation in this important matter.

Parent's/Guardian's name \_\_\_\_\_

Student Counselor's Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EXHIBIT 6.3 Student Counseling Session Rating Form**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Audiotape: \_\_\_\_\_ DVD/Videotape: \_\_\_\_\_ In-Class Role Play: \_\_\_\_\_

Brief Summary of Session Content: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Criteria:	Rating (1 = Least; 5 = Best)
1. Opening: Was informed consent thorough and professional? Was confidentiality covered?	1 2 3 4 5
2. Rapport: Did the counselor establish a good therapeutic alliance (e.g., voice tone, appropriate eye contact, paraphrasing, summarizing)?	1 2 3 4 5
3. Attending Skill: Did the counselor use minimal encouragers and refrain from unnecessary interruptions? Additionally, was the counselor skilled in using therapeutic silence?	1 2 3 4 5
4. Open-Ended Questioning: Did the counselor make appropriate use of open-ended questions?	1 2 3 4 5
5. Affective Domain: Did the counselor demonstrate appropriate empathy?	1 2 3 4 5
6. Challenging/Confrontation: Did the counselor confront the client (if the situation warranted it)?	1 2 3 4 5
7. Solution Skills: Did the counselor offer appropriate solution-seeking input (through techniques such as the Empty Chair, Miracle Question, Role Plays, etc.)?	1 2 3 4 5
8. Cultural Issues: Did the counselor appear to understand and respect cultural issues?	1 2 3 4 5
9. Goal Setting: Did the counselor set effective goals for a follow-up session?	1 2 3 4 5
10. Closing: Was closing well-orchestrated? Or, was it too abrupt?	1 2 3 4 5

(continued)

**EXHIBIT 6.3 Student Counseling Session Rating Form (continued)**

11. On the following 1 to 10 scale, how effective was the student counselor in facilitating the counseling session?  
(1 = least effective, 10 = most effective) Circle the appropriate number:

1 2 3 4 5 6 7 8 9 10

12. What the student did best during this session was:

---

---

---

13. Regarding this session, what the student most needs to improve on is:

---

---

---

14. Constructive comments for the student counselor's continued development:

---

---

---

\_\_\_\_\_  
Signature of Evaluator

**EXHIBIT 8.1 Dimensions of a Healthy Lifestyle****Spirituality/Religious Life**

My spiritual/religious life provides a sense of purpose and helps me address major life challenges.

(Note: An alternate phrasing for nonspiritual/nonreligious people might be: "My sense of life meaning/purpose provides fulfillment and helps me address the challenges in my life.")

1 2 3 4 5 6 7 8 9 10

(1 = no help at all; 10 = strongly helps)

If your score was less than five, how could you improve your situation?

**Personal Vision**

"I have a clear vision in my personal, spiritual, and professional life."

1 2 3 4 5 6 7 8 9 10

(1 = No vision; 10 = I have a clear vision)

If you do not have a clear personal, spiritual, or professional vision, how could you develop one? Visioning is a key component to success in all these areas.

**Self Worth**

"I feel worthwhile as a human being and have a strong sense of self-acceptance. Although I am not perfect, I feel generally good about myself."

1 2 3 4 5 6 7 8 9 10

(1 = I am worthless; 10 = My self-worth is very strong)

If you are experiencing low self-esteem, how could you begin to feel better about yourself? What actions could you take to begin to feel more self-confident?

**Goal Setting**

"I feel self-confident about setting and meeting goals and demands in my life."

1 2 3 4 5 6 7 8 9 10

(1 = I lack confidence in my ability to meet demands and the goals I set; 10 = I feel very confident in setting, planning, and meeting goals and demands)

If you lack clear goals in your life, how could you begin to create some clear goals?

**Rational Thinking**

"I believe I perceive my life and life situations in a rational manner. I seldom engage in overly negative thinking."

1 2 3 4 5 6 7 8 9 10

(1 = I frequently engage in irrational thinking; 10 = I am very rational in my beliefs)

If you have rated yourself as frequently engaging in irrational beliefs (e.g., "I am a loser," "I am worthless," "No one could ever love me"), how could you begin to think in a more rational manner? (Or, if you are unsure as to whether your beliefs are rational, you might consider asking someone you trust for feedback.)

(continued)

**EXHIBIT 8.1 Dimensions of a Healthy Lifestyle (continued)****Emotional Understanding and Regulation**

"I am in touch with my emotions and am able to express the full range of emotions appropriate to the situation. I also am not governed by my emotions."

1 2 3 4 5 6 7 8 9 10

(1 = I am not able to regulate my emotions and often express emotions inappropriate to the situation; 10 = I am able to regulate my emotions and experience emotions appropriate to the situation)

If you find you are not experiencing an appropriate range of emotions, or you find you are too often ruled by your emotions, how could you begin to change this? Remember, you will have "negative" emotions, so the task is to regulate them appropriately.

**Resilience**

"I am a resilient person, and able to analyze, synthesize, and make a plan to deal with challenges and projects that come my way."

1 2 3 4 5 6 7 8 9 10

(1 = I do not feel resilient; 10 = I am very confident in my resiliency)

If you do not feel resilient (or you are not as resilient as you would like) or do not have the ability to resolve difficulties in your life, what could you do to begin to develop more resilience? (Note: If you feel stuck on strategizing with this component, perhaps begin by making a list of ways you feel resilient. Or, ask someone who knows you well to list ways they see you as being resilient.)

**Sense of Humor**

"I possess a healthy, appropriate sense of humor that helps me deal with the stresses of life."

1 2 3 4 5 6 7 8 9 10

(1 = I have no sense of humor; 10 = I have a healthy sense of humor)

If you do not feel your sense of humor is either strongly developed, appropriate, or provides an effective release of stress, what could you change to improve the situation?

**Fitness or Recreation**

"I have a regular weekly fitness/recreational routine that helps me stay physically and emotionally fit."

1 2 3 4 5 6 7 8 9 10

(1 = I have no activity routine; 10 = I have an active physical/recreational routine)

If you do not have a regular weekly fitness routine, what could you do to change this? (Remember, you do not need to become a marathoner, competitive cyclist, swimmer, or dancer. It is simply about developing a regular routine of 20 minutes a day, at least 3 days a week.)

**Healthy Diet**

"I regularly eat a balanced diet, including healthy vegetables and fruits."

(Note: Healthy is not meant to imply you never eat unhealthy foods because that's not realistic. In fact, sometimes it is good for the psyche to eat ice cream, cookies, and so forth. Just don't do it too often. Rather, it is about eating unhealthy food in moderation.)

1 2 3 4 5 6 7 8 9 10

(1 = My diet is unbalanced and unhealthy; 10 = My diet is balanced and healthy)

(continued)

**EXHIBIT 8.1 Dimensions of a Healthy Lifestyle (continued)**

If your diet is unhealthy (eating high-fat food, "junk" food, fast food too often), how could you begin to eat a healthier diet? (For in-depth help, you may wish to consult a dietician.)

**Mindful Living**

"I maintain a mindful lifestyle by not abusing alcohol or other drugs, by wearing a seat belt, having regular medical exams, and by refraining from high-risk activities (e.g., casual sex, binge drinking, binge eating, restricting food)."

1 2 3 4 5 6 7 8 9 10

(1 = I do not live a healthy, mindful life; 10 = I maintain a healthy, mindful lifestyle)

If you find you are not living a healthy, mindful life, what steps could you take to change this?

**Managing Stress and Anxiety**

"Through my diet, workout routine, friendships, and so forth, I have the ability to manage stress and anxiety. When I find I am unable to manage the stress and anxiety in my life, I check in with close friends and family or if the need arises, I see a counselor."

1 2 3 4 5 6 7 8 9 10

(1 = I am regularly unable to manage the stress and anxiety in my life; 10 = I am able to manage the stress and anxiety in my life)

If you find you regularly have difficulty managing the stress and anxiety in your life, how could you begin to manage that stress and anxiety better?

**Sense of Self**

"I feel that my self-identity is strong and well developed."

1 2 3 4 5 6 7 8 9 10

(1 = My sense of self is incongruent with who I am because I try too hard to be who others want me to be; 10 = My sense of self is very congruent with who I am)

Some people struggle with their own identity for various reasons, such as enmeshment with family, codependence with a loved one, low self-esteem, and so forth. If you find you are struggling with an inability to develop your own identity, what are some options for exploration (options that would reduce your struggle or help you resolve your personal identity struggles)?

**Connection to Family or Culture**

"I feel a strong connection to my family or culture."

1 2 3 4 5 6 7 8 9 10

(1 = I feel no connection to my family or culture; 10 = I feel a strong and healthy connection to my family and culture)

In the event you feel no connection to your family or culture, what would you say accounts for this? Also, how could you begin to make stronger connections to your family and culture?

(continued)

**EXHIBIT 8.1 Dimensions of a Healthy Lifestyle (continued)****Career/Vocational Development**

"I feel a sense of satisfaction in the career I am pursuing" (e.g., mental health counselor, school counselor, rehabilitation counselor).

1 2 3 4 5 6 7 8 9 10

(1 = No satisfaction; 10 = Maximum satisfaction)

If your chosen career does not provide personal challenge and satisfaction for you, what steps could you take to create more fulfillment and satisfaction? (Or, if you are unemployed, how could your job search become more fulfilling? Or, how could this period of unemployment be more productive?)

**Hobbies**

"My hobbies help me relax and provide a sense of enjoyment."

1 2 3 4 5 6 7 8 9 10

(1 = I have no hobbies or they provide no sense of enjoyment or relaxation; 10 = My hobbies are a pure joy)

If you lack hobbies or outside interests from work, how could you create some fulfilling pursuits?

**Social Life**

"I have healthy relationships that provide me a sense of emotional connection and help make life more rewarding."

1 2 3 4 5 6 7 8 9 10

(1 = I have no significant relationships, they are shallow, or provide little in the way of emotional connection; 10 = I have healthy and fulfilling relationships and they are an important part of my life)

If you lack significant personal connections or your relationships do not provide you a sense of emotional connection, how could you begin to address this? (Or, how could you begin to create fulfilling relationships?)

**Intimacy**

"Intimacy, or love, is a central part of my life and my relationship with my spouse/partner provides the grounding, intimacy, and close connection I need." (Note: Intimacy could involve sexual intimacy or even a close, nonsexual relationship.)

1 2 3 4 5 6 7 8 9 10

(1 = Intimacy is largely absent from my life; 10 = Intimacy is a large part of my life and provides me with great satisfaction)

If intimacy seems absent from your life, or seems unhealthy or unfulfilling, what do you need to do to change this situation?

**Questions Regarding Self-Care**

Regarding these dimensions, which do you appear to be strongest? Weakest? How could you improve your strengths and build upon your weak areas? What action could you take to improve your self-care? What supports do you need to create a healthier lifestyle? If you are unsure how to create a healthy self-care lifestyle, who could you ask for help (your doctor, counselor, a nutritionist, your spiritual leader, family member, friend, etc.)?

**EXHIBIT 12.1 Internship Evaluation****Site Supervisor's Evaluation of Student Counselor's Performance  
(Return to: Counseling Program, Niagara University, College of Education)**

**Note:** This form should be completed at the conclusion of each practicum and internship. Clinical supervisors are encouraged to go over the results with their students.

**Name of Student Counselor:** \_\_\_\_\_

**Name of Clinical Supervisor:** \_\_\_\_\_

**Directions:** The supervisor will circle the number most closely approximating the student counselor's skill rating in each of the following areas.

<b>GENERAL SUPERVISION RATING:</b>	<b>POOR</b>		<b>SATISFACTORY</b>		<b>EXCELLENT</b>	
1. Demonstrates a personal commitment to developing professional competencies.	1	2	3	4	5	6
2. The student possesses a good working attitude.	1	2	3	4	5	6
3. Accepts and uses constructive criticism.	1	2	3	4	5	6
4. Communicates well with peers and supervisors.	1	2	3	4	5	6
5. Recognizes both strengths and limitations and works to improve clinical skills.	1	2	3	4	5	6
6. Punctual with case notes and other documentation.	1	2	3	4	5	6
7. Keeps appointments on time.	1	2	3	4	5	6
8. Researches client information prior to session.	1	2	3	4	5	6
9. Appears relaxed and confident in dealing with counseling and clinical issues.	1	2	3	4	5	6
10. Presents a nonjudgmental attitude regarding clients and their issues.	1	2	3	4	5	6
11. Able to gain client trust.	1	2	3	4	5	6
12. Facilitates client's exploration of personal issues.	1	2	3	4	5	6
13. Student is professional and ethical.	1	2	3	4	5	6
14. Student is able to deal with mandated or hostile clients.	1	2	3	4	5	6
15. Recognizes and deals with client manipulation.	1	2	3	4	5	6
16. Uses silence effectively in counseling.	1	2	3	4	5	6
17. Uses self-disclosure appropriately.	1	2	3	4	5	6
18. Student is aware of own biases and how they impact the therapeutic relationship.	1	2	3	4	5	6
19. Student is skilled in using confrontation in session.	1	2	3	4	5	6
20. Facilitates realistic goal setting with the client.	1	2	3	4	5	6
21. Writes clear, appropriate treatment plans.	1	2	3	4	5	6
22. Explains, administers, and interprets tests correctly.	1	2	3	4	5	6
23. Terminates/refers clients at appropriate times.	1	2	3	4	5	6

(continued)

**EXHIBIT 12.1 Internship Evaluation (continued)**

<b>24.</b> Able to use appropriate techniques and interventions properly.	1	2	3	4	5	6
<b>25.</b> Makes sound clinical decisions in counseling.	1	2	3	4	5	6

Additional Comments (Use back if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinical Supervisor \_\_\_\_\_

Date: \_\_\_\_\_

Student Counselor \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT 12.2 Intern's Self-Evaluation of the Practicum/Internship Performance**

On the following issues, rate yourself based on the scale as follows:

**1** = Needs Improvement; **2** = Below Average; **3** = Average; **4** = Above Average; **5** = Excellent;  
**N/A** = Not Applicable

1. Counseling skills:

**1 2 3 4 5**

2. Writing clear, concise case notes:

**1 2 3 4 5**

3. Competence and confidence in leading a group session:

**1 2 3 4 5 N/A**

4. Competence and confidence in leading a psychoeducational presentation:

**1 2 3 4 5 N/A**

5. Understanding and applying the ethical code (ACA, AMHCA, ASCA, etc.):

**1 2 3 4 5**

6. My professional dispositions on the placement (e.g., being on time, completing case notes in timely manner, showing respect to the staff, dressing appropriately, managing critical feedback):

**1 2 3 4 5**

7. Taking initiative by reading relevant books, journal articles, viewing DVDs, and attending offered trainings and workshops (if offered):

**1 2 3 4 5 N/A**

8. My own work ethic while on the practicum/internship:

**1 2 3 4 5**

9. Readiness for the job market through my growth on the practicum/internship and having an updated résumé/CV, cover letter, and practiced interviewing skills:

**1 2 3 4 5**

10. Because of my experience on the practicum/internship, I have clear and measurable professional goals:

**1 2 3 4 5**

11. Overall, I would rate my progress during this placement as (note longer scale: **1** = Poor, **5** = Average; **10** = Excellent):

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

(continued)

**EXHIBIT 12.2 Intern's Self-Evaluation of the Practicum/Internship Performance (continued)****Narrative Section**

In the space provided, please comment on additional areas of interest related to your development while on the practicum/internship. Use an additional sheet of paper if you need more space.

12. As a counselor, my greatest strength appears to be \_\_\_\_\_

\_\_\_\_\_

13. The area I most need to improve in is

\_\_\_\_\_

14. Additional comments regarding my experience in practicum/internship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Practicum/Internship Student's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**EXHIBIT 12.3 Student Counselor's Evaluation of On-Site Supervisor**

**Directions:** Circle the number that best represents how you, the Practicum/Internship Student, feel about the supervision received from your on-site (agency) supervisor. This information will not be shared with your on-site supervisor without your consent.

<b>My Supervisor:</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>
1. Gives appropriate time for individual and/or group supervision.	1 2	3 4	5 6
2. Provides constructive feedback in supervision sessions.	1 2	3 4	5 6
3. Recognizes and encourages further development of my clinical strengths and capabilities.	1 2	3 4	5 6
4. Encourages and listens to my ideas and suggestions.	1 2	3 4	5 6
5. Helps to define specific, concrete goals for me during the practicum or internship experience.	1 2	3 4	5 6
6. Is available when I need consultation.	1 2	3 4	5 6
7. Through his or her professional behavior, my supervisor models ethical practice.	1 2	3 4	5 6
8. My supervisor makes the effort to remain current in the counseling field.	1 2	3 4	5 6
9. Maintains confidentiality within the clinical setting.	1 2	3 4	5 6
10. Helps me formulate my own theoretical approach to counseling.	1 2	3 4	5 6
11. Explains his or her criteria for evaluating student interns in clear terms.	1 2	3 4	5 6
12. Applies these criteria fairly in evaluating my counseling performance.	1 2	3 4	5 6
13. Demonstrates respect to clients, staff, and student interns.	1 2	3 4	5 6
14. Encourages me to discuss concerns encountered in the practicum or internship setting.	1 2	3 4	5 6
15. Through my work with this supervisor, I have learned new counseling techniques, interventions, or assessments.	1 2	3 4	5 6
16. The supervisor has helped to make this practicum/internship a valuable experience.	1 2	3 4	5 6
17. Because of my experience with the supervisor and this agency, I would recommend this site to other students.	1 2	3 4	5 6

**Additional Comments and/or Suggestions:**

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student: \_\_\_\_\_

**Old State University  
Mental Health Counseling Program  
Practicum and Internship Contract**

This agreement is made on \_\_\_\_\_ by and between \_\_\_\_\_  
(Date) (Practicum/Internship Site)

and the Old State University Mental Health Counseling Program. The agreement will be effective for a period from:

\_\_\_\_\_ to \_\_\_\_\_ for 100/300\* semester clock hours for \_\_\_\_\_  
(Name of Student)

**Purpose**

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

**The University Program Agrees:**

To assign a university faculty liaison to facilitate communication between university and site;

To provide weekly classroom supervision and instruction for the practicum/internship student through EDU 679, EDU 685/686/687;

To provide to the site, prior to placement of the student, the following information: profile of the student named above and an academic calendar that shall include dates for periods during which student will be excused from field supervision;

To notify the student that he or she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;

That the faculty liaison shall be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or university occur; and

That the university supervisor (or practicum/internship instructor) is responsible for the assignment of a fieldwork grade. Grades are the S/U type.

**The Practicum/Internship Site Agrees:**

To assign a practicum/internship supervisor who has appropriate credentials, time, and interest for training the practicum/internship student;

The clinical site must provide weekly supervision for 1 hour per week;

To provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance (suggested counseling experience included in the "Practicum/Internship Activities" section);

\_\_\_\_\_  
\*Practicum requires a minimum of 100 clock hours. Internship requires 300 clock hours. For practicum, 40 of the 100 hours must be direct contact hours. For internship students, 120 of the 300 hours must be in direct service. Direct service is defined as individual, group, couples or family counseling, co-counseling, clinical intakes, phone crisis counseling, team counseling and observation through a two-way mirror, running psychoeducational groups, and so forth.

To provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;

To provide supervisory contact that involves some examination of student work using audiovisual tapes, observation, and/or live supervision;

To provide written evaluation of student based on criteria established by the university program; and

To not involve students in any form of billing for professional services.

Within the specified time frame, \_\_\_\_\_ will be the primary on-site practicum/internship site supervisor. The training activities (checked below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity.

\_\_\_\_\_ will be the faculty liaison/supervisor with whom the student and practicum/internship site supervisor will communicate regarding progress, problems, performance evaluations, and grading.

### Practicum/Internship Activities

This list below is a list of possible clinical activities for the practicum/internship student. It is not necessary that field sites have the student counselor complete all or even most of these. Check all areas that seem to apply. Additional areas of responsibility may be added in the future.

- |  |       |
|--|-------|
| <b>1. Individual Counseling/Psychotherapy</b>    | _____ |
| Personal/Social Nature                           | _____ |
| Occupational/Educational Nature                  | _____ |
| <b>2. Group Counseling/Psychotherapy</b>         | _____ |
| Co-leading                                       | _____ |
| Leading  | _____ |
| <b>3. Intake Interviewing</b>                    | _____ |
| <b>4. Couples or Family Counseling</b>           | _____ |
| Leading  | _____ |
| Co-leading                                       | _____ |
| <b>5. Testing and Assessment</b>                 | _____ |
| Administration and Interpretation                | _____ |
| <b>6. Report Writing</b>                         | _____ |
| Record Keeping                                   | _____ |
| Treatment Plans                                  | _____ |
| <b>7. Consultation</b>                           | _____ |
| Referrals  | _____ |
| Team Consultation and Case Staffing              | _____ |
| <b>8. Community/Psychoeducational Activities</b> | _____ |
| Family Conferences                               | _____ |
| Community/Campus Outreach                        | _____ |
| In-Service Presentations                         | _____ |

**9. Career Counseling** \_\_\_\_\_**10. Other (please specify):**


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Type of supervision student will receive: Individual \_\_\_\_\_ Group \_\_\_\_\_  
 (Needs 1 hour of formal supervision per week)

Clinical Site Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Student: \_\_\_\_\_ Date \_\_\_\_\_

Faculty Liaison: \_\_\_\_\_ Date \_\_\_\_\_

**Field Supervision**

As per the Council for Accreditation of Counseling and Related Educational Programs' (CACREP) guidelines, on-site supervisors must hold a minimum of a master's degree earned in counseling or a closely related field. Closely related fields include Clinical Social Work, Counseling or Clinical Psychology, Marriage and Family Therapy, Psychiatric Nursing, and Psychiatry. On-site supervisors must have a minimum of 2-year post-master's degree experience and must be licensed in their field (LMHC, LCSW, LP, etc.)

On-site supervisors also provide individual or group supervision for 1 hour each week the practicum/internship student accrues hours. The on-site supervisor submits a written evaluation of the student's performance at the end of each semester. On-site supervisors also sign off on student's time logs.

**Evaluation of Practicum Student/Intern's Performance**

At the conclusion of each semester, the field supervisor will complete an evaluation of the student practicum/internship student. The evaluation form can be copied from the NU MHC manual. The site supervisor should return the evaluation to:

**Coordinator, Mental Health Counseling Program**  
**College of Education**  
**Old State University, NY 14190**  
**712-285-8327**  
**ssegdoh@oldstate.edu**

**Concerns Regarding the Student Intern**

*The Field Site Supervisor:*

If the field supervisor has concerns regarding the student's abilities to meet the goals and objectives of the agency, the supervisor has the following options:

The field supervisor apprises the university supervisor of the concern.

The field supervisor discusses the concern with the student.

If resolution does not occur, the field supervisor should notify the university supervisor.

The university supervisor will schedule an appointment with the field supervisor and the student to facilitate the resolution.

If no resolution occurs, the field supervisor may terminate the placement.

For the student, in the event the placement is terminated, the student must find another placement and repeat the practicum or internship.

*The University Supervisor:*

If the university supervisor has a concern regarding the student's performance:

The university supervisor will inform the student that the field supervisor will be notified.

The university supervisor will seek feedback regarding the student's performance at the site.

If the concern cannot be resolved, the university supervisor will decide if the student will be placed in another setting.

If the student will receive an unsatisfactory grade, he or she will inform the student and the field supervisor that the student will need to repeat the class.

If the student does not pass the classroom or the on-site portion of the practicum/internship, the student will need to repeat the class.

Because of the nature of student practicum/internships, either the clinical site or the counseling program reserves the right to dissolve this contract should concerns arise.

*Note: The agency hosting the placement, the graduate program representative, and the practicum/internship student should all keep a copy of this agreement.*

### Sample Consent to Audiotape or Videotape Permission Form

Sample University and the agency provide counseling opportunities for individuals, couples, families, and groups. Signing this form provides the counselor-in-training the opportunity to record your counseling session and to play the recording for the counselor's supervisor and graduate students in the Practicum/Internship class, all of whom are held to confidentiality. The recording will not be made available to anyone outside the agency or the Practicum/Internship cohort. Feel free to ask your counselor any questions about the purpose of recording and use of the recording.

Your signature below indicates that you give \_\_\_\_\_  
(name of your counselor-in-training) permission to be recorded (audiotaped or videotaped; circle one or both) and that you understand the following:

1. I can request the recorder be turned off at any time and may request the recording be erased.
2. The purpose of recording is for use in training and supervision. This will allow the counselor-in-training to consult with her or his supervisor(s) in an individual or group format.
3. The contents of these recorded session(s) are confidential and will not be shared outside the context of individual and group supervision.
4. The recording will be stored in a secure location and will be used only for training and supervision purposes as stated above.
5. The recordings will be erased after they have served their purpose.

\_\_\_\_\_  
Name of Client (Please Print)

\_\_\_\_\_  
Signature

**Weekly Practicum/Internship I Hours Log**  
**300 Hours (120 Direct/180 Indirect Needed)**

Dates	Direct Hours*	Clock Hours**	Supervisor Signature

---

Dates	Direct Hours*	Clock Hours**	Supervisor Signature

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Dates	Direct Hours*	Clock Hours**	Supervisor Signature

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Total Direct Hours \_\_\_\_\_ Total Clock Hours Completed \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
On-Site Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Direct Hours = Individual, group, couples, family counseling, co-counseling, intakes, assessment, phone crisis counseling, psychoeducational or support groups, and any direct contact with clients.

\*\*Total Clock Hours = Any work activity that does not involve direct contact with clients.

Practicum requires a minimum of 100 clock hours, which include 40 hours of direct contact.

Internship requires 300 clock hours, which include 120 hours as direct contact.

### Sample School Counseling Referral Form

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Teacher referring: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please check the behaviors indicated below that serve as a reason for the referral:

\_\_\_ Unable to sit still

\_\_\_ Fails to complete homework

\_\_\_ Impatient

\_\_\_ Wastes time

\_\_\_ Easily distracted

\_\_\_ Appears inattentive in class

\_\_\_ Peer conflicts

\_\_\_ Withdrawn during class

\_\_\_ Noncompliant with rules

\_\_\_ Appears worried/preoccupied

Estimated level of classroom functioning: Scale of 1 to 100. Higher scores indicate greater functioning.

\_\_\_ Math

\_\_\_ Reading

\_\_\_ Language Arts

\_\_\_ Science

\_\_\_ Social Studies

\_\_\_ Physical Education

Please cite any remedial services presently being rendered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the issue(s) placing the student at risk. Be as specific as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Briefly specify the desired behaviors you would like to see from this student in your classroom:

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---

---

Teacher making this referral:

---

Signature

---

Title

---

Date

### Mental Status Checklist

	Check	Circle	Counselor's Note
1. Posture	Normal ____	Rigid, slouches	_____
2. Grooming	Normal ____	Well-groomed Disheveled, dirty	_____
3. Dress	Appropriate ____	Ragged Too revealing	_____
4. Facial expression	Appropriate ____	Poor eye contact, stares, downcast	_____
5. Speech			
a. Pace	Normal ____	Pressured, slow	_____
b. Volume	Normal ____	Loud, low	_____
c. Tone	Normal ____	Monotone, angry, low	_____
d. Content	Normal ____	Profane, hostile, illogical	_____
e. Clarity	Normal ____	Scattered, stutters Loose associations	_____

## Affect and Mood

	Check	Circle	Counselor's Note
1. Attention	Normal ___	Brief, unable to sustain attention	_____
2. Affect	Normal ___	Inappropriate, flat	_____
3. Mood	Normal ___	Irritable, labile, depressed, euphoric	_____

## Perception and Thought Content

	Check if applies	Description
1. Hallucination		
a. Auditory	___	_____
b. Visual	___	_____
c. Tactile	___	_____
d. Taste	___	_____
e. Smell	___	_____
2. Delusion		
Paranoid	___	Grandeur ___ Persecutory ___ Thoughts ___
Control	___	Broadcasting ___ Other (name) _____
3. Phobias (name):		_____
4. Obsessions (name):		_____
5. Compulsions (name):		_____

**6. Suicide/homicide**

Ideation: \_\_\_\_\_ Plan: \_\_\_\_\_

Timetable to carry out suicide plan: immediate, future, etc.:

\_\_\_\_\_

Orientation: This client/student is oriented to (check all that apply):

**a.** Time \_\_\_     **b.** Place \_\_\_     **c.** Person \_\_\_

Judgment    Good \_\_\_                      Impaired \_\_\_

Memory/Ability to Concentrate

**1.** Immediate recall                      Good \_\_\_                      Poor \_\_\_**2.** Reversals                                      Good \_\_\_                      Poor \_\_\_**3.** Serial sevens                                      Good \_\_\_                      Poor \_\_\_

Abstract Reasoning

**1.** Similarities    Good \_\_\_                      Poor \_\_\_                      Bizarre \_\_\_**2.** Absurdities    Understands \_\_\_                      Does not understand \_\_\_**3.** Proverbs    Normal \_\_\_                      Literal \_\_\_                      Concrete \_\_\_                      Bizarre \_\_\_

Insight

Good \_\_\_    Fair \_\_\_                      Poor \_\_\_

### Mental Status Exam (Brief Version)

Now, I'm going to ask you a series of questions to test your concentration and memory. Answer to the best of your ability. Ok, any questions before we begin?

**1. Orientation to time:**

- a. What year is this? (1 point)
- b. What season is this? (1 point)
- c. What is the month and date? (1 point)
- d. What day of the week is it? (1 point)

(Maximum of 4 points)

**2. Orientation to place:**

- a. What is the name of this institution/school/agency? (1 point)
- b. What floor are we on? (1 point)
- c. What city and state are we in? (1 point)
- d. What county is this? (1 point)

(Maximum of 4 points)

**3. Immediate Recall:**

I am going to say three objects. After I say them I want you to repeat them. They are "ball," "flag," and "tree." Now say them. Remember them because I will ask you to repeat them later. (Interviewer: 1 point for each; maximum of 3 points)

**4. Attention: (Serial 7s or Spelling. Choose from either item below but not both)**

- a. Subtract 7 from 100 and continue until I tell you to stop. (Interviewer, continue until subject makes an error. 1 point for each correct answer up to a maximum score of 5 points)
- b. Spell the word "world" backwards. (1 point for each correct letter; maximum of 5 points)

**5. Delayed Recall:**

What are the three words I asked you to remember? (1 point for each; maximum of 3 points)

**6. Naming:**

Show subject a pen and wristwatch and ask to name them. (1 point for each; maximum of 2 points)

**7. Repetition:**

Repeat the following sentence exactly as I say it. "No ifs, ands, or buts." (1 point for each word; maximum of 3 points)

**8. Stage Command:**

“Now I want to see how well you can follow instructions. I’m going to give you a piece of paper. Take it in your right hand, use both hands to fold it in half, and then put it on the floor.” (1 point for each command; maximum of 3 points)

**9. Reading:**

Show the subject the headline on the following page and ask her or him to read what it says silently and then to do what it says. (1 point)

**10. Copying:**

Give subject a clean sheet of paper and ask her or him to draw two interlocking geometric figures (e.g., triangles, squares). If necessary draw an example for client. (1 point)

**11. Writing:**

On the same sheet of paper, ask the subject to write a complete sentence. (1 point)

**Scoring Procedures:**

**Total (Maximum Score) = 30**

*Note:* Scores of 23 to 30 indicate expected or “normal” functioning. Scores under 23 suggest the presence of cognitive impairment.

**23–30 = no cognitive impairment**

**18–23 = mild cognitive impairment**

**0–17 = significant cognitive impairment**

*MSE scores may be invalid if the subject has less than a ninth-grade education, is intoxicated, or is under the influence of drugs.*

**Adapted from** Folstein, M. F., Folstein, S. E., & McHugh, P. R. (1975). “Mini-mental state.” A practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research*, 12, 189–198.

## Intake and Psychosocial Case History Interview

Name of Client\*:

Date of Interview:

Place of Interview:

Purpose of Interview:

Name of Interviewer:

### I. Introduction:

Introduce yourself, your role, explain the nature of the interview (to assist with treatment), and ask if the client has any questions.

### II. Childhood:

Where were you born and raised? (Did you move? When and why did you move?)

Were your parents married?

Did your mother have problems while she was pregnant with you?

Did you reach your developmental milestones such as walking, talking, potty training, on time?

With whom did you live while growing up?

Who did you feel closest to?

Who in the family was most affectionate to you?

How did you get along with \_\_\_\_\_? (whoever raised you)

Who made the rules and enforced discipline?

Were the family rules clearly and consistently applied?

Do you believe the rules were fair?

How often did you get punished?

How did they usually discipline you?

Were you ever spanked? (If “yes,” were there ever bruises? Did you have to see a doctor?)

Did you witness violence in the family? (verbal, physical, sexual)

\_\_\_\_\_  
\*Pseudonym.

Did anyone sexually abuse you or a sibling? (If “yes,” what happened? How much did this upset you? How upset are you now?)

How would you describe your personality as a child?

How would peers have described you?

Did you have many friends as a child? (Any close friends? Best friends?)

Were you a leader or a follower?

### **III. School:**

At what age did you begin school?

Did you go to special education classes or regular classes?

(If special classes, why?)

Were you a good student?

Did you ever repeat a grade? (If “yes,” what was the last grade you repeated?)

Were you involved in school activities? (If “yes,” what types?)

What did you do after you graduated (or dropped out) of school?

Did you attend college or get advanced technical training? (If “yes,” did you graduate from college, tech school, etc.?)

Did you like school? (Explain whether “yes” or “no”)

### **IV. Parenthood:**

Do you have any children? (If “yes,” how many? Their ages and sexes? How well do you get along with them?)

### **V. Friendships and Marriage:**

Do you have many friends now? (Any close friends you can trust with secrets? Do your friendships tend to be long-lasting?)

Have you ever been married? (If “yes,” how many times? How would you describe your marriages? If divorced, why did you divorce? If never married, why?)

Almost all couples argue or fight at times. I’d like to know a little bit about what happens when you and your partner argue or fight. Do you or your partner ever get pushed, grabbed, or hit? Ever throw things?

If “yes”: Describe the most recent or most serious time this happened. How often does this happen? Have one of you ever had to go to the doctor after an assault?

If “no”: Did the above ever happen in previous relationships? Are you ever afraid you will be physically hurt during an argument with your spouse/partner?

## **VI. Relationships With Other Family Members:**

Who is your immediate family? Extended family? Do you have in-laws? Grandparents? Grandchildren? Any other family?

### **Are your parents still alive?**

If “yes”: Are you close?

How do you get along with them?

How often you visit them?

How often do you speak with them?

Have you had any recent arguments with them?

When you get angry with them, how long do you stay angry?

### **Do you have siblings?**

If “yes”: Are you close?

How do you get along?

Have you spoken with them recently?

Have you argued with them recently?

When you argue, how long do you stay angry with them?

## **VII. Occupation:**

Are you employed?

If “yes”: What type of work do you do?

How long have you worked there?

Do you like the work?

Why did you leave?

What is the longest job you have ever held?

If “no”: When was the last time you worked?

What kind of job was it?

What other jobs have you had?

What is the longest job you have had?

#### **VIII. Living Situation:**

Where do you live? (A house? Apartment? Condominium?)

How long have you been living there?

Where did you previously live?

Why did you move? (Have you moved often?)

Have you ever been homeless or lived in a shelter?

How long were you homeless (or lived in a shelter)?

With whom do you currently live?

#### **IX. Health:**

Do you have any serious health problems? (If “yes,” describe.)

Has your illness/condition impacted your close relationships? (If “yes,” how?)

Have you been more withdrawn?

Do you argue more or less due to your health concerns?

#### **X. Spirituality and Religious Beliefs:**

Do you consider yourself a spiritual/religious person?

How important are your beliefs to you?

Would you say your spiritual/religious beliefs assist you in dealing with stress, anxiety, and health concerns? (If “yes,” briefly explain how.)

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**XI. Satisfaction in Life:**

Are you generally satisfied with your life?

If “no”: Which areas of life are you dissatisfied with?

How much are you dissatisfied?

If “yes”: What areas are you satisfied with?

How could you develop more satisfaction in your life?

Would you say your life has been meaningful?

If “yes”: What accounts for the meaning in your life?

If “no”: How could you develop meaning in your life?

### School Counseling Intake Interview

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Age: \_\_\_ GPA: \_\_\_ Band: \_\_\_ Sports: \_\_\_ Honor Society: \_\_\_ Other Organization: \_\_\_

Reason for interview (circle): Academic, Social, Personal, Career, Other

Briefly explain reason cited above: \_\_\_\_\_

\_\_\_\_\_

Discipline history (e.g., suspensions, fighting): \_\_\_\_\_

\_\_\_\_\_

Student's family:

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Sibling's names and ages: \_\_\_\_\_

\_\_\_\_\_

Parents married or living together: Yes \_\_\_ No \_\_\_

Has student had previous counseling? Yes \_\_\_ No \_\_\_. If "yes," reason for previous counseling: \_\_\_\_\_

\_\_\_\_\_

Any history of physical/emotional/sexual abuse? Yes \_\_\_ No \_\_\_

What community resources is student involved with? (e.g., religious community, YMCA/YWCA, Youth League sports)

Has this student ever been removed from his or her home? Yes \_\_\_ No \_\_\_. If so, for what reason:

\_\_\_\_\_

Has student been arrested? Yes \_\_\_ No \_\_\_. If "yes," what was student arrested for: \_\_\_\_\_

\_\_\_\_\_

Is student currently taking medication(s): Yes \_\_\_ No \_\_\_. If "yes," what medications:

\_\_\_\_\_

What are the student's strengths? \_\_\_\_\_

\_\_\_\_\_

How does parent/guardian describe student's behavior at home? (If known) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has student acted out in socially unacceptable ways? If so, describe: \_\_\_\_\_

\_\_\_\_\_

Does student have friends? Yes\_\_\_ No\_\_\_

Has student made a suicide threat? Yes\_\_\_ No\_\_\_ . If "yes," how long ago? \_\_\_\_\_

\_\_\_\_\_

Is student suicidal? Yes\_\_\_ No\_\_\_ . If "yes," must activate school plan to notify parent/guardian and appropriate authorities for mental health assistance.

Does student have a history of alcohol or drug use? Yes\_\_ No\_\_\_ . If "yes," what type: \_\_\_\_\_

\_\_\_\_\_?

\_\_\_\_\_

Student: What are your future goals? \_\_\_\_\_

\_\_\_\_\_

Student: What are you happiest about? \_\_\_\_\_

Student: What are you most concerned about? \_\_\_\_\_

Student: What would you most want the counselor to know? \_\_\_\_\_

\_\_\_\_\_

Student: On a scale of 1 to 10, with 1 being *low* and 10 *high*, how optimistic do you feel regarding your life (or school performance or whatever seems appropriate depending on type of student concern).  
Score: \_\_\_\_ . How could you raise that score one number in the next week? \_\_\_\_\_

\_\_\_\_\_

Student: On a scale on 1 to 10, with 1 being *low* and 10 *high*, how effective was today's time?

Score\_\_\_\_. How could the session improve one point next time? \_\_\_\_\_

\_\_\_\_\_

## SOAP Progress Note

S.O.A.P. stands for Subjective, Objective, Assessment, and Plan. Some people prefer D.A.P. notes—D.A.P. stands for Description, Analysis, and Plan.

### S.O.A.P. Notes

**Subjective:** Subjective experience of the client as related/reported by the client. Often direct quotes from the client of his or her problems or complaints. Examples include: “I had an awful week,” “I’m feeling really depressed,” “I hate my mother,” “I can’t seem to stop worrying about my grade,” “I haven’t slept in two days.” Also, there can be statements made by the client that you summarize without using quotes.

**Objective:** An objective account of the client’s appearance and behaviors. May include client dress/clothing, posturing, eye contact, timeliness to session, affect, activity, speech, and so on. All the information in this section should be objective in the sense that it could be verified by observers and contains no analysis/judgment on your part. The objective section should provide a behavioral picture of the client.

**Assessment:** Your **theory-specific** analysis or interpretation of the client’s issues and the session. Examples include: “The client seemed to accept his anger” or “The client’s thinking was irrational in the following ways....” This is your chance to hypothesize and define your conceptualization of your client’s issues.

**Plan:** What you plan to do in the next session. Includes homework assignments, planned exercises or techniques, and so on. When writing this section, ask yourself, “Following this theory, what is it I want to remember to do with this client?” or “What do I want to cover with the client next week?” **A plan should always be theory specific.**

### Client's Evaluation of Counseling Session

Date: \_\_\_\_\_

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Client

Rate each statement below on a 10-point scale, where 1 = Strongly Disagree, 10 = Strongly Agree, and 5 = Neutral.

1. This session assisted you in developing a better understanding of your issue(s) and the primary problem(s).

Strongly Disagree	Neutral	Strongly Agree
1   2   3   4	5   6   7	8   9   10

2. This counselor seemed to have listened very well and understood my concerns.

Strongly Disagree	Neutral	Strongly Agree
1   2   3   4	5   6   7	8   9   10

3. Through this counseling session, I have gained a better understanding of myself.

Strongly Disagree	Neutral	Strongly Agree
1   2   3   4	5   6   7	8   9   10

4. This interview helped me identify new strategies to address my issues and concerns.

Strongly Disagree	Neutral	Strongly Agree
1   2   3   4	5   6   7	8   9   10

5. This session assisted me in identifying strengths and resources to address my concerns.

Strongly Disagree	Neutral	Strongly Agree
1   2   3   4	5   6   7	8   9   10

6. Because of this session, I am more inclined to change my thinking and behavior.

Strongly Disagree	Neutral	Strongly Agree
1   2   3   4	5   6   7	8   9   10

7. The counselor was instrumental in making today's session productive.

Strongly Disagree      Agree      Strongly Agree

1   2   3   4   5   6   7   8   9   10

8. I would rate today's session as: (Scale 1–10. 1 = Unhelpful, 10 = Very Helpful)

Circle the appropriate score.

1   2   3   4   5   6   7   8   9   10

9. What could you and the counselor do to raise your score by one point during the next session?  
(Write your answer on line below.)

---

10. What is one cognitive or behavioral change I can begin using today? (Write on line below.)

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### Student Counseling Session Rating Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Audio Recording: \_\_\_\_ Video Recording: \_\_\_\_ In-Class Role Play: \_\_\_\_

Brief Summary of Session Content: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Specific Criteria: Rating (1 = Least; 5 = Best)

1. Opening: 1 2 3 4 5

Was informed consent thorough and professional? Was confidentiality covered?

2. Rapport: 1 2 3 4 5

Did the counselor establish a good therapeutic alliance? (e.g., voice tone, appropriate eye contact, paraphrasing, summarizing)

3. Attending Skill: 1 2 3 4 5

Did the counselor use minimal encouragers and refrain from unnecessary interruptions? (Also, was counselor skilled in using therapeutic silence?)

4. Open-Ended Questioning: 1 2 3 4 5

Did the counselor make appropriate use of open-ended questions?

5. Affective Domain: 1 2 3 4 5

Did the counselor demonstrate appropriate empathy?

6. Challenging/Confrontation: 1 2 3 4 5

Did the counselor confront the client? (If necessary)

7. Solution Skills: 1 2 3 4 5

Did the counselor offer appropriate solution-seeking input?

8. Cultural Issues: 1 2 3 4 5

Did the counselor appear to understand and respect cultural issues?  
(Culture would include race, ethnicity, gender, sexual orientation, religion/spirituality, etc.)

9. Goal Setting: 1 2 3 4 5

Did the counselor set effective goals for a follow-up session?

10. Closing: 1 2 3 4 5

Was closing well-orchestrated? (Or, was it abrupt?)

On the following 1 to 10 scale, how effective was the student counselor in facilitating the counseling session? (1 = lowest score, 10 = highest score) Circle the appropriate number below:

1 2 3 4 5 6 7 8 9 10

Constructive comments for the student counselor's further development:

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Signature of Evaluator

DSM-5 and S.O.A.P. Client Case Notes Format

Name(s) and age(s) of client(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Code(s): \_\_\_\_\_ Session #: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications:

DSM-5\*:

Diagnosis: (Cite Principal DSM-5 diagnosis and diagnostic criteria)

\_\_\_\_\_  
\*Prescriptive. Not intended as a final diagnosis.

Subjective (S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Objective (O): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assessment (A): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan (P): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Counselor's Signature \_\_\_\_\_

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### Client Initial Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W/C)

#### Identifying Information:

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_

Sex: Female \_\_\_\_\_ Male \_\_\_\_\_ Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. Weight: \_\_\_\_\_ Lbs.

Marital Status: M \_\_\_\_\_ S \_\_\_\_\_ D \_\_\_\_\_ Sep. \_\_\_\_\_ Other: \_\_\_\_\_

Ethnicity: Caucasian: \_\_ Hispanic/Latino: \_\_ Asian: \_\_ African American: \_\_

American Indian: \_\_ Multiethnic: \_\_

Spouse's/Partner's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name(s)/Age(s) of Children (If applicable)

\_\_\_\_\_  
\_\_\_\_\_

Referral Source: \_\_\_\_\_

Address of Referral Source: \_\_\_\_\_

**Treatment History:**

Are you currently taking medication? Yes: \_\_\_\_ No: \_\_\_\_

If "yes," name of medication(s): \_\_\_\_\_

Provider of medication(s): \_\_\_\_\_

Have you received previous psychiatric/psychological treatment?

Yes: \_\_\_\_ No: \_\_\_\_

If "yes," name the psychiatric treatment provider: \_\_\_\_\_

Dates of counseling/psychiatric treatment: \_\_\_\_\_

Has any close relative ever had psychiatric treatment or been committed to a psychiatric hospital? Yes: \_\_\_\_ No: \_\_\_\_ . If "yes," please explain:

\_\_\_\_\_  
\_\_\_\_\_

What factor(s) led you to seek counseling services? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Symptoms: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Family History:**

Father's name: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Brother(s)/Sister(s):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

**Educational History:**

(Name of institution, location, dates attended, degree)

High School: \_\_\_\_\_

College/University: \_\_\_\_\_

Technical School: \_\_\_\_\_

Graduate/Professional: \_\_\_\_\_

**Military Information: (If applicable)**

Branch of Military: \_\_\_\_\_

Dates of Active Service/Reserve Commitment: \_\_\_\_\_

Were you in a combat zone? Yes:\_\_\_ No:\_\_\_

Did you receive any medical treatment as a result of injuries? Yes:\_\_\_ No:\_\_\_

If "yes," what injuries were you treated for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_