COU 6314
PRE-PRACTICUM FORMS PACKET
Greetings from the Graduate Counseling Faculty!

This packet includes several forms that you are required to utilize in order to successfully complete this course. Some of them are to be turned in at some point throughout the term, while some may be used in subsequent coursework.

Here is a brief description of each form in this packet:

- **Case Guidelines Form** – You will be asked in this course to present a video of mock counseling sessions (see the Syllabus). When it is your time to present, you’ll be required to present this Form to your professor. Be sure to type it, and to include the Video Grading Form, which is the professor’s feedback for your video presentation.

- **Video Grading Form** – You will present this form to your professor along with your video case presentation.

- **Mentor Form** – Use this form to record your activities with your Practicum Mentor. Details on how to successfully complete this activity is included in the Syllabus.

- **Template for Theory Review** – You will use this form to complete the theory reviews as required for the course. Details are outlined in the Syllabus.

- **Professional Counseling Experience Form** – You will use this form to record the completion of individual counseling as required in your Pre-Practicum course. Details are outlined in the Syllabus.

- **Practicum Experience Worksheet** – If you are a dual track student (PC and MFT) you are required to begin accumulating relational hours to successfully complete all the clinical hours requirement. Use this form to record your direct hours, relational hours, and supervision hours.

- **Practicum Completion Form** – You will use this form in all your Practicum courses while at Texas Wesleyan. You will fill this out at the end of the term with the total number of required hours. The professor’s name should accompany this and should attest to the correctness of the hours. When you complete your last practicum course, you should retain this form and transfer the number of hours onto the State Board Form (either the LPC Board or LMFT Board) in order to meet the direct and indirect hours for state licensure. Do not turn this form in to the State Board; use the LPC Board and/or LMFT Board forms (which can be obtained from their website).
Your Name: ___________________________________  Date:________________

Client Name:_________________  Age:_________  Sex:_________  Race:_________

Others present:______________________________________

Counselor Name:____________________________________________________________

Counseling or Family Therapy model used by Counselor:_______________________________

Presenting Problem: (Reason for seeking help according to the client):
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

**Draw Genogram**- On back of this form.

Goal of Therapy:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Strategies developed during the session:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Task for client:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

What client found useful from the session today:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Suggestions needed by therapist:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
TEXAS WESLEYAN UNIVERSITY
COU 6314 Pre-Practicum Video Grading Form

Name: ___________________________________________  Date: ____________

**Scoring**

1 = not demonstrated  2 = limited skill  3 = moderately skilled  4 = very skilled

*If unable to determine, it will be left blank*

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>Informed consent / confidentiality properly covered</td>
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<td>Ability to connect / join (rapport)</td>
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<tr>
<td>Ability to accommodate to client’s style of interaction</td>
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<tr>
<td>Communication skills / appropriate verbal interaction</td>
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<tr>
<td>Use of open-ended questions</td>
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<td>Creativity / appropriate solution finding skills</td>
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<tr>
<td>Spontaneity</td>
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<tr>
<td>Appropriate use of empathy</td>
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<td>Ability to confront client when necessary</td>
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<tr>
<td>Set effective goals for next session</td>
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<td>Overall session management</td>
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<tr>
<td>Demonstrates Theoretical Orientation</td>
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**TOTAL SCORED:**

________________________
Graduate Counseling Programs
Mentor Form
(Minimum of 6 hours)

Pre-Practicum Student _____________________________ Semester __________________

Name of Practicum Mentor __________________________

Pre-Practicum Student should fill out the Date and Time when Module was completed. The Practicum Student, after each Module, should sign and add comments when necessary. (Must complete the first four modules, in any order, to go on to Module 5 and 6).

**Module 1: TheraNest Appointments and Recording in Vault**
Practicum student shall go over how to Schedule, Re-Schedule, Reserve Room in TheraNest and how to schedule recordings in Vault.

Date: ___________  Time Spent: ___________  Mentor: ___________

**Module 2: Intake and First Session**
Practicum student shall go over all paperwork included in first session, and discuss the intake process from greeting client to going over paperwork with client, to ending the session. Initial Assessment in TheraNest.

Date: ___________  Time Spent: ___________  Mentor: ___________

**Module 3: SOAP Notes and Treatment Plans**
Practicum Student shall go over the correct way to do SOAP notes, when and how to do a proper Treatment Plan, as well as going over a diagnostic impression. All sections of Notes in TheraNest.

Date: ___________  Time Spent: ___________  Mentor: ___________

**Module 4: Other Forms and Archiving (Termination), Time2Track**
Practicum student shall go over all the other forms that are not in other Modules, and go over how, when and why to Archive and the process of closing notes and deleting future appointments before Archiving. Short introduction into Time2Track.

Date: ___________  Time Spent: ___________  Mentor: ___________

**Module 5 and 6: Live Observation**
Pre-Practicum student shall watch a live session of mentor and after session speak with the Practicum about the session.

Date: ___________  Time Spent: ___________  Mentor: ___________
Date: ___________  Time Spent: ___________  Mentor: ___________
Date: ___________  Time Spent: ___________  Mentor: ___________
Date: ___________  Time Spent: ___________  Mentor: ___________
Template for Theory Review

Name of Theory ________________________________

Your Name ________________________________

Date _____________________________

Please write these templates in your own words. Do not copy/paste my notes or information from the book. This assignment is designed for you to reflect on the theory and check your understanding of it.

**Leading Figures**

**Key theoretical Constructs** (list and define them)

**How does this theory define healthy family development?**

**Key Technique(s)**

**Role of therapist**

**Goals**

**What creates symptoms**

**Conditions of Change**
Professional Counseling Experience Form

This form fully protects your civil liberties when the following conditions are met:

1. All blanks are filled out prior to your signing it:
2. Signing this is not required as a condition of treatment:
3. That you sign only after a specific request is made:
4. That you fully understand that the release is limited to include only the individual listed below.

Consent

Re: ______________________________

I authorize _______________________________ (name of therapist or counselor and credentials) to exchange professional information concerning the date and time of my counseling sessions and to complete a checklist assessment with Professor ___________________ of Texas Wesleyan University for the following reasons.

1. To verify the date and time I completed 5 personal counseling sessions to fulfill partially the requirements for continued participation in the Graduate Counseling Program. ________ (Initials)

2. To verify my emotional capability to advance into Practicum Training in the Graduate Counseling Program at Texas Wesleyan University. ________ (Initials)

This release expires upon my completion of the program, upon my written withdrawal of the release, or one year after the signature date—whichever occurs first.

Any information authorized for other professionals to release will be held strictly confidential and will not be released without your permission, within the legal limits of the State of Texas and the ethical codes of the American Counseling Association (ACA) and/or the American Association for Marriage and Family Therapy (AAMFT).

<table>
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<td>Session 5</td>
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Student’s signature: ___________________________ Date ______________

Advisor’s signature: ___________________________ Date ______________
Recommendation to Advance into Practicum

I recommend ______________________________ be allowed to continue into the Practicum Portion of the Graduate Counseling Program at Texas Wesleyan University.

_______ With reservation

_______ Without reservation

Therapist’s Name: ____________________________________________________________

[Printed]

Therapist’s Signature: ___________________________ Date ____________

Therapist’s Address: ________________________________________________________

_____________________________________________________

Therapist’s Phone: ___________________________________________________________
Texas Wesleyan University  
Graduate Counseling Program  

**PRACTICUM EXPERIENCE WORKSHEET**

Name: ____________________  Degree: ____________________

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<th>TRACK</th>
<th>COURSE</th>
<th>DIRECT HOURS</th>
<th>RELATIONAL HOURS*</th>
<th>INDIRECT HOURS</th>
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<th>Deficient Hours**</th>
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* Relational hours can be obtained during 6315 and 6316 to count toward the total needed if seeking PC and MFT hours.
** Deficient hours can be completed in the next Practicum. There will be an Incomplete until those hours are met.
Practicum Completion Form

____________________________________ has completed the following courses:

<table>
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<th>Course Code</th>
<th>Course Name</th>
<th>Semester</th>
<th>Instructor</th>
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<td>COU 6319</td>
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HOURS

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<th>Ind</th>
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TOTAL HOURS: Direct ___ Indirect ___ Rel ___ | Supervision: Indiv ___ Group: ___

The evaluation of practicum performance:

Completed successfully, recommended for graduation of the program.
Insufficient completion; not recommended for graduation

Recommendations: __________________________________________________________

Signatures:

Professor Printed Name  Signature  Date
Professor Printed Name  Signature  Date
Department Chair Printed Name  Signature  Date
Student Printed Name  Signature  Date