

Graduate Counseling Program

Texas Wesleyan University

COU 6314

PRE-PRACTICUM FORMS PACKET



Updated Fall 2019

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).

TEXAS WESLEYAN UNIVERSITY
COU 6314 Pre-Practicum Case Guidelines

Needs to be typed, and presented to the professor at the time of your video evaluation

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

Informed consent / confidentiality properly covered	1	2	3	4
Ability to connect / join (rapport)	1	2	3	4
Ability to accommodate to client's style of interaction	1	2	3	4
Communication skills / appropriate verbal interaction	1	2	3	4
Use of open-ended questions	1	2	3	4
Creativity / appropriate solution finding skills	1	2	3	4
Spontaneity	1	2	3	4
Appropriate use of empathy	1	2	3	4
Ability to confront client when necessary	1	2	3	4
Set effective goals for next session	1	2	3	4
Overall session management	1	2	3	4
Demonstrates Theoretical Orientation	1	2	3	4

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).

	Date	Time
Session 1	_____	_____
Session 2	_____	_____
Session 3	_____	_____
Session 4	_____	_____
Session 5	_____	_____

Student's signature: _____ Date _____

Advisor's signature: _____ Date _____



Graduate Counseling Program
3106 E. Rosedale
Fort Worth, Texas 76105

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: _____

TRACK	COURSE	DIRECT HOURS	RELATIONAL HOURS*	INDIRECT HOURS	SUPERVISION		Deficient Hours**
					Group	Indiv	
PC	Practicum I COU6315 D:75 R:0 I:100						
	Practicum II COU6316 D:75 R:0 I:100						
PC with MFT	Practicum III COU6324 D:75 R:75* I:100						
MFT Under 14-16 Catalog	Practicum I COU6324 D:75 R:25 I:100						
	Practicum II COU6324 D:75 R:25 I:100						
	Practicum III COU6324 D:75 R:25 I:100						
MFT Under 16-18 Catalog	Pre-Practicum COU 6314 D:50 R: 25						
	Practicum I COU6324 D:115 R:55 I:100						
	Practicum II COU6324 D:115 R:55 I:100						
	Practicum III COU6324 D:120 R:65 I:100						

* 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.



Professional Counseling Program

Practicum Completion Form

_____ has completed the following courses:
Name of the student

			HOURS				
					Supervision		
			Direct	Ind	Rel	Indiv	Grp
<input type="checkbox"/> - COU 6314 Pre-Practicum	_____	Instructor					
	Semester						
<input type="checkbox"/> - COU 6315 Practicum I	_____	Instructor					
<input type="checkbox"/> - COU 6324 Practicum I	Semester						
<input type="checkbox"/> - COU 6316 Practicum II	_____	Instructor					
<input type="checkbox"/> - COU 6324 Practicum II	Semester						
<input type="checkbox"/> - COU 6324 Practicum III (optional)	_____	Instructor					
	Semester						
<input type="checkbox"/> - COU 6319 Practicum (optional)	_____	Instructor					
	Semester						

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