

Graduate Counseling Program

Texas Wesleyan University

COU 6324  
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.
- **Handout for Class Case Presentation Template and Form** – This form provides the structure of what you will be presenting in your video cases in class. Fill out the information and have a copy for each class participant.
- **Video Feedback Form** – You will present this form to your professor along with your video case presentation.
- **Clinical Progress Assessment Form** – This form is to be used at both the mid-term and final interviews. Have your off-site supervisor complete their part of the form, obtain their signature, and bring the form to your interview with your professor.
- **Practicum Experience Totals Form and Practicum Completion Totals Worksheet**– This form is a synopsis of the hours you've accumulated in your practicum experiences. The primary purpose of this form is to ensure that you've completed all the required hours for this practicum... if you have deficient hours, you'll receive an Incomplete for the course until those hours are accumulated. This form tracks those deficient hours for both yourself and your current and next practicum professor. Your professor will instruct you as to which form is preferred.
- **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).

# Case Guidelines Form

*Needs to be typed!*

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

Client First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Others present: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Counseling or Family Therapy model used by Therapist: \_\_\_\_\_

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

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

Goal of Therapy:

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Strategies developed during the session:

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Task for client:

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What client found useful from the session today:

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Suggestions needed by therapist:

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## Handout for Class Case Presentation Template

Use this form as a guide to fill out the Blank Form handout for your classmates

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

Client Initials : \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

<b>Contextual Material</b>	
<b>Presenting Problem</b>	How client was referred and self-reported symptoms and problems identified thoroughly
<b>Personal History</b>	Evaluation of important developmental milestones and key life markers examined. Substance/alcohol abuse history, physical/sexual/verbal abuse history, previous therapy, medication, medical concerns are all described
<b>Familial History</b>	History of abuse, substance use, losses, and interfamilial mental illness are discussed
<b>Current Situation</b>	Current influences on client's functioning, as well as current occupational and/or educational stressors are discussed. Interpersonal relationship status is discussed
<b>Case Formulation</b>	
<b>Theoretical Model</b>	Student's theoretical model is identified
<b>Factors Contributing to Case</b>	Developmental, interpersonal, cultural, biological and system influences are identified and discussed. Important intrapersonal and psychological influences are identified. Communication style is discussed
<b>Symptoms, Behaviors, cognition</b>	Feelings, behaviors, and cognitive patterns are identified and discussed
<b>Family and Interpersonal Relations</b>	Interpersonal relationship patterns and influences are identified and discussed
<b>Course of Treatment</b>	
<b>Sessions, Frequency, Type</b>	Number of sessions, frequency and type(s) of sessions are listed
<b>Diagnosis</b>	DSM-5 diagnosis
<b>Structure of Treatment</b>	Theoretical support for treatment approach, treatment goals and strategies, interventions, contracts, ethical/legal issues, ongoing evaluation and progress of outcomes are identified and discussed thoroughly
<b>Client/therapist relationship issue</b>	Typical client behavior, therapist's countertransference, client's "pulls" and "presses", and influencing cultural variables are identified and discussed
<b>Themes and Interventions</b>	Characteristics of interventions, major themes that emerged in the course of treatment, critical turning points or incidents, and termination issues are identified and discussed

# Handout for Class Case Presentation

Fill out this form for each of your classmates

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

Client Initials : \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

<b>Contextual Material</b>	
<b>Presenting Problem</b>	
<b>Personal History</b>	
<b>Familial History</b>	
<b>Current Situation</b>	
<b>Case Formulation</b>	
<b>Theoretical Model</b>	
<b>Factors Contributing to Case</b>	
<b>Symptoms, Behaviors, cognition</b>	
<b>Family and Interpersonal Relations</b>	
<b>Course of Treatment</b>	
<b>Sessions, Frequency, Type</b>	
<b>Diagnosis</b>	
<b>Structure of Treatment</b>	
<b>Client/therapist relationship issue</b>	
<b>Themes and Interventions</b>	

## Video Feedback Form

Please complete this form and bring it and your video with you to your class/supervision session(s) and give to your supervisor.

Student Name: \_\_\_\_\_ Date of Class/Supervision: \_\_\_\_\_

Client Goals: \_\_\_\_\_ Session # \_\_\_\_\_

Student Counseling Model: \_\_\_\_\_ Practicum # \_\_\_\_\_

List 1-2 specific questions, concerns, or skills you want to address during this supervision session.

1.

2.

List 2-3 specific examples of skills you demonstrated well.

Notes:

1. Timestamp: \_\_\_\_\_

2. Timestamp: \_\_\_\_\_

3. Timestamp: \_\_\_\_\_

List 1-2 specific examples of skills or responses you would like to correct or have concerns about.

Notes:

1. Timestamp: \_\_\_\_\_

2. Timestamp: \_\_\_\_\_

**Faculty Supervisor Notes:**

**Clinical Progress Assessment Form  
Marriage and Family Therapy  
SKILLS EVALUATION  
(Mid-Term)**

Texas Wesleyan University  
Graduate Program in Counseling

*\*Adapted from the Counseling Skills Evaluation Form; University of Wyoming, Department of Counselor Education*

This part is filled out by the practicum student during the first class:

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

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

Degree Plan:  LMFT

Practicum:  6324 (practicum I)     6324 (practicum II)     6324 (practicum III)

Off-site place \_\_\_\_\_ Off site supervisor \_\_\_\_\_

Off-site supervisor contact information: phone: \_\_\_\_\_ email: \_\_\_\_\_

Class:  Instructor for Pre -Practicum: \_\_\_\_\_

Instructor for Practicum I: \_\_\_\_\_

Instructor for Practicum II: \_\_\_\_\_

Instructor for Practicum III: \_\_\_\_\_

Practicum Term Start Date:  Fall     Spring     Summer    Year: \_\_\_\_\_

**To be completed by the site Field Supervisor**

Evaluation based on (mark all that apply):  live observations;  recorded observations;  case transcription;  individual/triadic supervision;  large group supervision;  Other: \_\_\_\_\_

\*Please discuss this evaluation with the MFT student at the Mid-Term point  
of their practicum experience at your site.

FIELD/FACULTY SUPERVISOR \_\_\_\_\_

MFT STUDENT \_\_\_\_\_

Indicate the number that best evaluates the graduate counseling student's behavior:

- 1 – Does not meet criteria for program level competency and needs improvement
- 2 – Meets criteria marginally and/or inconsistently for program level competency
- 3 – Meets criteria accurately for program level competency
- 4 – Exceeds criteria for program level competency

### **Professionalism**

- \_\_\_ Personal and public demeanor conveys a genuine concern for professional development.
- \_\_\_ Communication with peers and supervisor is clear, open and honest.
- \_\_\_ Recognizes own competencies and deficiencies and discusses these with peers and supervisor.
- \_\_\_ Accepts constructive critique for developing and evaluating therapy skills.
- \_\_\_ Actively participates in learning activities during practicum classes.
- \_\_\_ Provides feedback to peers in a respectful manner, within a systemic framework.

### **Therapy Process**

- \_\_\_ Properly deals with feelings related to transference and countertransference.
- \_\_\_ Uses therapeutic silence effectively when appropriate.
- \_\_\_ Reinforces the clients' ability to self-determine directions for life.
- \_\_\_ Maintains consistency with the chosen family therapy model that may enhance clients' ability to change.
- \_\_\_ Plans with the clients ways to implement action through evaluation of relational goals.
- \_\_\_ Encourages and invites relational and family involvement for maximum change.
- \_\_\_ Practices a family therapy model consistently and can explain theory behind strategies used.
- \_\_\_ Demonstrates sound ethical behavior with clients.
- \_\_\_ Demonstrates a systemic theoretical view when discussing a case with a supervisor and in class..
- \_\_\_ Designs a treatment plan or strategy with a systemic framework in mind.

### **Fitness for Counseling**

- \_\_\_ Is punctual for appointments.
- \_\_\_ Explains aspects of the therapy process, confidentiality, and answers any questions in the initial session.
- \_\_\_ Exercises unconditional positive regard for the client.
- \_\_\_ Effectively conceptualizes each case for developing an appropriate, systemic plan for treatment.
- \_\_\_ Demonstrates understanding of DSM-5 in clinical application.
- \_\_\_ Appropriately handles risk management for self-harm, suicidal or homicidal ideation.
- \_\_\_ Understands treatment protocol for various forms of abuse as it relates to family therapy.
- \_\_\_ Demonstrates ability to accurately and appropriately record case notes in a timely fashion.

### **Sensitivity to Diversity in Clients**

- \_\_\_ Is sensitive to cultural, religious, racial and sexual orientation in treatment planning.
- \_\_\_ Demonstrates acceptable and sensitive behavior toward diverse clients of cultural, religious, racial and sexual orientation.
- \_\_\_ Is capable of forming a therapeutic relationship with clients of diverse cultural, religious, racial and sexual orientation so that clients are consistent in attending and are invested in therapy.
- \_\_\_ Respects diversity of individual differences in families.

\_\_\_\_\_ TOTAL.                      \_\_\_\_\_ AVERAGE<sup>8</sup> (total divided by 28)



**Summary of MFT Student strengths:**

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**Summary of areas that need more attention for this MFT Student:**

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\_\_\_\_\_  
(Supervisor name **PRINT**)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor **SIGNATURE**)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(MFT student name **PRINT**)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(MFT student **SIGNATURE**)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

**Clinical Progress Assessment Form**  
**Marriage and Family Therapy**  
**SKILLS EVALUATION**  
**(Final)**

Texas Wesleyan University  
Graduate Program in Counseling

*\*Adapted from the Counseling Skills Evaluation Form; University of Wyoming, Department of Counselor Education*

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Off-site place \_\_\_\_\_ Off site supervisor \_\_\_\_\_

Off-site supervisor contact information: phone: \_\_\_\_\_ email: \_\_\_\_\_

Class:  Instructor for Pre -Practicum: \_\_\_\_\_

Instructor for Practicum I: \_\_\_\_\_

Instructor for Practicum II: \_\_\_\_\_

Instructor for Practicum III: \_\_\_\_\_

Practicum Term Start Date:  Fall     Spring     Summer    Year: \_\_\_\_\_

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- \_\_\_ Is capable of forming a therapeutic relationship with clients of diverse cultural, religious, racial and sexual orientation so that clients are consistent in attending and are invested in therapy.
- \_\_\_ Respects diversity of individual differences in families.

\_\_\_\_\_ TOTAL.      \_\_\_\_\_ AVERAGE<sub>1</sub> (total divided by 28)

**Summary of MFT Student strengths:**

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**Summary of areas that need more attention for this MFT Student:**

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\_\_\_\_\_  
(Supervisor name **PRINT**)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor **SIGNATURE**)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(MFT student name **PRINT**)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(MFT student **SIGNATURE**)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

	Couple	<b>Practicum Diversity Experience Matrix</b>
	Family	
	Individual	
	Group	
	Adults	
	Children	
	Adolescents	
	Racial	
	Cultural	
	Sexual Orientation	
	Family Composition	
	Religion	
	Ethnicity	
	Physical Ability	
	SES	
	Presenting Issue (DSM)	

Please mark the boxes that indicate areas in which you've had experiences working this semester. Beginning with "Racial" column, please mark the boxes in which you've had experiences in working with a diversity of clients in each of these areas.

**FILL THIS OUT AND BRING TO YOUR FINAL EVALUATION MEETING WITH YOUR PROFESSOR.**

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.



# PRACTICUM COMPLETION TOTALS

TEXAS WESLEYAN UNIVERSITY  
GRADUATE PROGRAM IN MARRIAGE & FAMILY THERAPY

	INDIRECT HOURS	SUPERVISION HOURS	DIRECT HOURS	RELATIONAL HOURS
Pre-Practicum (6314)				
PRACTICUM I (6324)				
PRACTICUM II (6324)				
PRACTICUM III (6324)				
<i>PRACTICUM GRAND TOTALS</i>				



# PRACTICUM COMPLETION TOTALS

TEXAS WESLEYAN UNIVERSITY  
GRADUATE PROGRAM IN MARRIAGE & FAMILY THERAPY

	INDIRECT HOURS	SUPERVISION HOURS		DIRECT HOURS	RELATIONAL HOURS
		Ind	Group		
Pre-Practicum (6314)					
PRACTICUM I (6324)					
PRACTICUM II (6324)					
PRACTICUM III (6324)					
<i>PRACTICUM GRAND TOTALS</i>					



# 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