

Appendix B

Forms and Information

APPENDIX B

FORMS & INFORMATION

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CWID # _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

DECLARATION

****Online Form Effective Fall 2020****

I, _____, hereby certify that I have read and understand the rules,
Print Name

guidelines, and procedures relative to the practicum experience as set forth by the Department of Counseling at California State University, Fullerton.

I hereby agree to abide by the aforementioned rules, guidelines, and procedures, and I understand that failure to do so could result in disciplinary actions taken against me as set forth in this Handbook and the policies of the Department of Counseling in the College of Health and Human Development at California State University, Fullerton.

I understand that any requests to make any exceptions to the rules, guidelines, and procedures of this Handbook must be made in writing, and that all such requests must be reviewed and approved by the Counseling Faculty.

I further understand that this Declaration will be contained in my clinical training file, in the Clinical Training office.

Student Signature

Date

Department Chair

Date

Clinical Training Director

Date

CWID # _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Consent Form For Participation in Counseling Practicum

****Online Form Effective Fall 2020****

PLEASE READ CAREFULLY

1. I agree to act in a responsible manner while at the Activity Site and abide by all rules and regulations governing the Activity Site.
2. I understand and acknowledge that participation in this Activity creates risks, some of which include: potentially working in a high-crime area, working at night, working in an unsupervised area, depending on the Practicum Agency's requirements.
3. I am voluntarily participating in this Activity. I understand and acknowledge that I am free to take back my consent and stop taking part at any time.
4. I am in good health and able to participate in this Activity. I voluntarily assume the risk of possible injury, death or property damage my participation in this Activity may cause. If I need emergency medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I understand and acknowledge that Cal State Fullerton does not provide health or accident insurance for students. I have been advised to carry medical and hospital insurance of my own.
5. In consideration of my participation in this Activity and the benefits I will receive from my participation, on behalf of myself, my heirs and assigns, I release and hold harmless the State of California, the California State University Trustees, Cal State Fullerton, and their officers, agents, volunteers and employees from liability and responsibility for any claims against any of them by reason of any injury to person or property, or death, in connection with my participation in this Activity.
6. I have carefully read, and I understand, the terms used in this Consent Form and their significance. I am fully competent to sign this Consent Form. No oral representations or inducements have been made to me to sign this Consent Form.

Print Name: _____

Participant's Signature: _____ Date: _____

CWID # _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Transportation/Storage of Confidential Client Data

****Online Form Effective Fall 2020****

PLEASE READ CAREFULLY

In recognition of my professional, ethical and legal duty to safeguard the confidentiality of my clients' records, I agree to store and/or transport client data only in locked or encrypted containers. This includes (but is not limited to) transporting video files to practicum class for presentation purposes. To this end, I will demonstrate to my agency supervisor(s) and practicum instructor(s) that I am in compliance with this professional responsibility by showing them the means I have chosen for client data storage and transportation. I further agree to destroy any confidential client materials in a secure manner (e.g., shredding DVDs) as soon as possible after their use for practicum, unless those records belong to and reside in the community agency.

It is my responsibility to assure that anything identifying my clients (names on paperwork, faces or voices on video or audio recordings) is kept under lock and key or encryption protocols at all times, to ensure client privacy is maintained. This means, in part, that I will not use clients' full names on any paperwork I transport outside the community agency, and that I will not email client records or videos to myself or others, as the confidentiality of email cannot be assured.

I understand and agree that failure to ensure client confidentiality in the above ways would constitute a breach of professional conduct and could therefore be subject to disciplinary action by the Department of Counseling (see Clinical Training Handbook for further information).

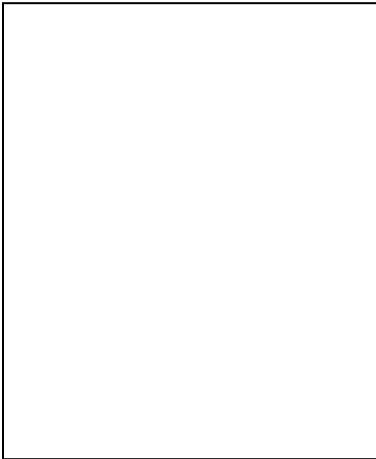
Print Name: _____

Student's Signature: _____ Date: _____

Clinical Training Director: _____ Date: _____

****Online Document Effective Fall 2020****

Please upload a head and shoulder photograph of yourself at the time you submit this to the Counseling Department, Clinical Training Director



This document must be completed and on file in the Clinical Training Director's (CTD) office before the Trainee's hours may count towards PCC/MFT licensure. *California State University, Fullerton (CSUF) Department of Counseling has no authority to approve hours.* CSUF is only responsible for coordinating students' clinical experience and approving students to go into sites. Thus, we do our best to find sites whose clientele and methods of practice fall within the scope of the LPCC and LMFT licenses. Under penalty of perjury, supervisors attest that they are legally suitable to supervise PCC/MFT Trainees, and that they will insure that their Trainees practice within the law. We approve students' choices of sites and supervisors based upon the information provided to us by the site supervisor. *CSUF assumes no responsibility for the loss of hours caused by misstatements, incorrect information*

and/or negligence on the part of a supervisor and/or program supervisor. Approval of hours is, and always has been, the purview of the Board of Behavioral Sciences (BBS).

NOTE: Students seeking the LPCC will need to complete all 3,000 hours post-degree. Trainee hours do not count towards LPCC licensure.

California State University, Fullerton

Clinical Mental Health Counseling with a Specialty in Marriage and Family Therapy

Agreement between the

**QUALIFYING DEGREE PROGRAM, PRACTICUM SITE PROGRAM SUPERVISOR,
PRACTICUM SITE CLINICAL SUPERVISOR, AND PROFESSIONAL CLINICAL COUNSELOR
(PCC)/MARRIAGE AND FAMILY THERAPY (MFT) TRAINEE**

"4-Way Agreement"

Trainee Name: _____ Date: _____

Street, City & Zip Code: _____

CSUF E-mail Address: _____ Personal E-mail Address: _____

Phone (day): _____ Phone (evening): _____

Agency Name: _____

Clinical Site Supervisor Name: _____

Agency Address: _____ Supervisor Phone: _____

City: _____ Zip: _____

Supervisor E-mail Address: _____

BBS LAW: The California legislature would like the educators and supervisors of LPCC and LMFT students to work cooperatively in training their student/trainees. Therefore, all hours of experience gained as a trainee shall be coordinated between the school and the site where the hours are being accrued. The school shall approve each site and shall have a written agreement with each site that details each party's responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular process reports and evaluations of the student's performance at the site. "Process reports" refers to the monitoring of the student, as they learn to become an effective counselor/psychotherapist.

Instructions to the Student: First, read and sign this document. Once signed, the form will then be forwarded to your clinical supervisor, the program supervisor and, finally, the CSUF Clinical Training Director (CTD). After the CTD has signed your agreement, the completed (fully signed) pdf form will be available to you in your student portal. Please also download and save the completed pdf for your future reference.

Note: The "4-Way Agreement" must be completed and saved to your student portal by the second week of classes.

Clinical Training Director	Office	Email	Mailbox Location
David Hart, Ph.D.	EC-484	dhart@fullerton.edu	EC-405

Fieldwork Coordinator - Counseling			
Nicole Folmer, M.S.	EC-479C	nmfolmer@fullerton.edu	EC-405

Please note: The "4-Way Agreement" is proof to the BBS that CSUF and you have complied with state law. You **must** notify your CTD upon early termination at your agency should that circumstance arise.

SECTION I RESPONSIBILITIES OF THE PARTIES (Students are responsible for reading all sections of this agreement.)

CSUF, Department of Counseling, the QUALIFYING DEGREE PROGRAM:

- Shall approve the placement of each trainee at the supervised practicum setting;
- Shall have this written agreement with the supervised practicum setting, supervisor and trainee that details each party's responsibility, including the methods by which supervision will be provided;
- Shall provide forms for regular evaluations (biweekly in COUN 530A/B Practicum, and at midterm and finals of each semester for COUN 530A/B Practicum and COUN 584A/B Advanced Practicum) of the student's performance at each supervised practicum setting;
- Shall coordinate the terms of this agreement with each of the named parties;
- Shall evaluate the appropriateness of the supervised practicum experience for each trainee in terms of the educational objectives, clinical appropriateness and scope of the license of a Professional Clinical Counselor (LPCC) and a Marriage and Family Therapist (LMFT) as set forth in the California Business and Professions Code;
- Shall require that each student gaining clinical hours in a supervised practicum setting procure their own individual professional malpractice liability insurance coverage;
- Shall have a designated liaison to the practicum setting and clinical supervisors called the Clinical Training Director, who shall assume major responsibility for the coordination of this arrangement between students and clinical training sites in the Counseling Department's catchment area.
- Shall initiate an end-of-semester meeting with the faculty member, supervisor, and trainee for evaluation.

Initials of the Clinical Training Director, CSUF, Department of Counseling
4-Way Agreement

THE SUPERVISED PRACTICUM SITE/PROGRAM SUPERVISOR

- a. Shall provide the trainee and the supervisor with the documentation necessary to verify to the Board of Behavioral Sciences (BBS) that the placement is one that is named in law as appropriate for a Professional Clinical Counselor Trainee or MFT Trainee and that the trainee is employed in the manner required by law. Such documentation, specified by the BBS regulations for PCC and MFT trainees may include but is not limited to the agency's 501c3, 1250, 1250.2 or 1250.3. A copy of this documentation is kept on file in the CTD office;
- b. Shall evaluate the qualifications and credentials of any employee who provides supervision to Clinical Counselor or MFT trainees;
- c. Shall provide adequate resources to the trainee and the supervisor in order that they may provide clinically appropriate services to clients;
- d. Shall orient the trainee to the policies and practices of the agency;
- e. Shall notify the qualifying degree program in a timely manner of any difficulties in the work performance of the trainee;
- f. Shall provide the trainee and the supervisor with an emergency response plan which assures the personal safety and security of trainee, supervisor and trainee's clients in the event of a fire, earthquake or other disaster;
- g. Shall provide the trainee with experience within the scope of practice of a Professional Clinical Counselor or Marriage and Family Therapist;

Note: The minimum requirement is 280 hours of direct client contact (DCC) per practicum year, related to the following guidelines:

1. An average of eight (8) direct client contact hours per week, after the first semester;
2. Direct supervisor contact of one hour of individual/triadic and two hours of group supervision (with no more than eight (8) trainees) for ten (10) or less hours of direct clinical counseling. One additional hour of direct supervisor contact is required for trainees who exceed ten (10) hours of direct clinical counseling.
3. Additional activities may include: additional group supervision, staff meetings, case conferences, case management, seminars, and documentation (note writing);

IMPORTANT: Although client contact hours may be averaged across each semester, supervision may not. In other words, the BBS requires that trainees *must* have either one hour of individual/triadic or two hours of group each week that they see clients. No hours of *any* kind will count if supervision has not occurred during the week they were claimed. The Department of Counseling at CSUF requires that both individual/triadic and group supervision be provided every week (even when this exceeds the 5:1 minimum ratio), while students are accruing their required CACREP hours toward graduation. Once student completes CACREP required hours, BBS minimums for supervision may apply.

- h. Shall be familiar with the laws and regulations that govern the practice of licensed Professional Clinical Counselors or licensed Marriage and Family Therapists in the State of California, and in particular, those that directly affect the PCC or MFT trainee;
- i. Shall provide the qualifying degree program with a photocopy of the current license of each supervisor who will be supervising the degree program's trainees;
- j. Shall provide the qualifying degree program with whatever documents are necessary to assure that the trainee's performance of duties conforms to BBS laws and regulations;

- k. Shall notify the qualifying degree program and the trainee of change of address, phone, ownership, or any other status that may affect the ability of the trainee to count hours gained at the practicum setting;
- l. Permit in-vivo supervision by the practicum supervisor, as needed;
- m. Provide access for the trainee to video record current clinical cases for practicum class review.

_____ Initials of Program Supervisor

THE CLINICAL SITE SUPERVISOR

- a. Shall sign and abide by the "Supervision Agreement" as described in the California Code of Regulations (CCR); The supervisor is responsible to the BBS for the trainee's legal practice as a trainee;
- b. Shall be responsible for assuring that all clinical experience gained by the trainee is within the parameters of professional clinical counseling and marriage and family therapy;
- c. Will have been licensed for at least two years in California as a marriage and family therapist, professional clinical counselor, clinical social worker, psychologist or physician who is certified in psychiatry by the American Board of Psychiatry and Neurology;
- d. Will have completed appropriate supervision training within 60-days of the commencement of supervision.
- e. Will have completed and remained current with the appropriate "supervisor" continuing education requirements required by the BBS;
- f. Shall review and sign the "Weekly Summary of Hours of Experience" log on a weekly basis;
- g. Shall complete the "Experience Verification Form" upon termination of trainee's supervision, the totals of which should match the totals of the collected Weekly Summary of Hours of Experience;
- h. Shall describe in writing on Section II of this document the methods by which supervision will be provided;
- i. Shall complete all the required trainee evaluation forms (biweekly in COUN 530A/B Practicum and at mid-semester and finals week for 530A/B and 584A/B) by their prescribed time.
- j. Shall provide the trainee with direct supervisor contact as follows: one (1) hour of individual/triadic and two (2) hours of group supervision (with no more than eight (8) trainees) for ten (10) direct client contact hours or less. Trainees who exceed ten (10) hours of direct clinical counseling shall receive at least one additional hour of direct supervisor contact for that setting.

IMPORTANT: Although client contact hours may be averaged across each semester, supervision may not. In other words, the BBS requires that trainees *must* have either one hour of individual/triadic or two hours of group each week that they see clients. No hours of *any* kind will count if supervision has not occurred during the week they were claimed. The Department of Counseling at CSUF requires that both individual/triadic and group supervision be provided every week (even when this exceeds the 5:1 minimum ratio), while students are accruing their required CACREP hours toward graduation. Once student completes CACREP required hours, BBS minimums for supervision may apply.

- k. Shall abide by the ethical standards promulgated by the professional association to which the supervisor belongs (e.g., CALPCC, CAMFT, ACA, AAMFT, NASW, APA, AMA etc.);

- l. Shall provide the agency with a current copy of their current license and resume and notify the qualifying degree program and the trainee immediately of any action that may affect their license;
- m. Shall be familiar with the laws and regulations that govern the practice of Professional Clinical Counselor or Marriage and Family Therapy in the State of California, and in particular, those that directly affect the PCC or MFT trainee;
- n. Shall provide the trainee with a policy and procedure for crisis intervention and other client/clinical emergencies, in particular those that are mandated by law (e.g., child abuse, danger to self, others, etc.);
- o. Shall, if providing supervision on a voluntary basis attach the original written agreement between you (the supervisor), and the trainee's employer as required by the BBS;
- p. Shall participate in a final evaluation meeting with the faculty member and trainee.

_____ Initials of Clinical Site Supervisor

THE TRAINEE

- a. Shall have each supervisor complete and sign the "Supervision Agreement" before gaining supervised experience. Trainees are to retain this original, signed document in order to send this form to the BBS when required. All trainees, however, must file a copy of this form with the CSUF Clinical Training Director. The trainee must verify that the supervisors' license is current (see note);

Note: A supervisor's license can be verified by searching on <https://search.dca.ca.gov/>.

- b. Shall maintain a weekly log of all hours of experience gained toward licensure;
- c. Shall be responsible for learning those policies of the supervised practicum setting which govern the conduct of regular employees and trainees, and for complying with such policies;
- d. Shall be responsible for participating in the periodic evaluation at midterm and at the end of each semester of their supervised practicum experience and delivering it to the qualifying degree program;
- e. Shall participate in a final evaluation meet conjointly with the faculty member and supervisor at the end of each semester.
- f. Shall be responsible for notifying the qualifying degree program in a timely manner of any professional or personal difficulties which may affect the performance of their professional duties and responsibilities;
- g. Shall abide by the ethical standards of the Board of Behavioral Sciences and the professional association of which the student is a member (e.g., CALPCC, ACA, CAMFT) and the CSUF Department of Counseling ethical/legal guidelines (see the Clinical Training Handbook).
- h. Shall have completed all prerequisite courses for COUN 530 Beginning Practicum, before providing supervised psychotherapeutic services to clients. If the student has not completed all prerequisite courses, they shall obtain written permission from the Clinical Training Director and the Site Supervisor acknowledging this fact. This letter must be filed with the Clinical Training Director;
- i. Shall be aware that the qualifying degree program requires that they obtain individual professional liability insurance coverage while working in a clinical placement. Student rate malpractice coverage can be obtained through professional associations (e.g., ACA, CALPCC, CAMFT);

- j. Shall gain a total number of 280 direct client contact (DCC) hours as required for nine units of practicum. These hours shall be supervised during the week they were gained and supervision must average to a 5:1 ratio each week with no less than one hour of direct supervisory contact for individual/triadic supervision **and** two hours of direct supervisory contact for group supervision;
- k. Shall be aware that **practicum is a COURSE**, and to receive a grade of "Credit" for this course, the following criteria must be met:
1. the student must attend the practicum classes and gain hours at an approved clinical placement *concurrently*; that is, at the same time;
 2. the student must have earned the required number of hours (item i above);
 3. the supervisor's evaluations and progress reports must be favorable;
 4. the practicum instructor's evaluation must be favorable;
 5. no other data exists that questions the student's suitability for the counseling/psychotherapy profession and for the license of professional clinical counselors and license of marriage and family therapists.

_____ Initials of the Trainee

SECTION II METHODS OF SUPERVISION

From the BBS: The term "supervision" means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, all of the following:

1. Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.
2. Monitoring and evaluating the supervisee's assessment, diagnosis, and treatment decisions and providing regular feedback.
3. Monitoring and evaluating the supervisee's ability to provide services at the site or sites where they are practicing and to the particular clientele being served.
4. Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or practitioner-patient relationship.
5. Ensuring the supervisee's compliance with laws and regulations governing the practice of professional clinical counseling and marriage and family therapy.
6. Reviewing the supervisee's progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.
7. With the client's written consent, providing direct observation or review of audio or video recordings of the supervisee's counseling or therapy, as deemed appropriate by the supervisor.

Instructions to Supervisor: Section II of this agreement will serve to inform the trainee about the methods you will use to monitor the quality of their performance with clients. (Note: Supervision *must* include direct observation or audio or video recording).

Check all that apply:

_____ Direct Observation

_____ Video Recording

_____ Audio Recording

____ Evaluate Trainee's Process and
Progress Notes

____ Role Play

____ Student Verbal Report

____ Other (Describe) _____

SECTION III ADDITIONS**a. TERMINATION**

The expectation of all parties is that this agreement will be honored mutually. Termination of this agreement *with cause* shall be in accordance with the academic policies of the qualifying degree program or the employment or volunteer policies of the supervised practicum setting. Any party may terminate this agreement *without cause* by giving all other parties 30 days' notice of the intention to terminate. Termination of the trainee's or supervisor's employment under terms of this agreement must take into account the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. In any case, it is assumed that if there is an early termination of this agreement on the part of the trainee, the supervised fieldwork setting or the supervisor, such a decision must include prior consultation with the qualifying degree program.

b. CHANGES IN THE AGREEMENT

This agreement must be amended in writing and signed by each party.

c. INDEMNIFICATION

The qualifying degree program requires that each student trainee procure individual professional liability malpractice insurance coverage before working with clients in a supervised practicum setting. The supervised practicum setting assumes all risk and liability for the student's performance of services while at the supervised practicum setting.

SECTION IV ADDITIONAL TERMS AND COMMENTS

(This space is to be used for additional notes on the student's clinical training experience.)

SECTION V TERM OF THE AGREEMENT

Note to Trainee: Please enter the participation dates as discussed with and approved by your supervisor prior to signing this form.

Note to Agency: **Important: Clinical Supervisor,** please review with the trainee their time commitment to your agency and confirm the dates below by initialing the start and expected end date of this agreement.

FROM _____
(Date this agreement is valid) (Initials)

TO _____
(Date trainee expected to leave agency) (Initials)

SECTION VI SIGNATURES

By signing this form, you are indicating that you have read, understood, and agreed to the terms specified.

I. Program Supervisor:

Name (please print) Title

Signature

II. Primary Clinical Site Supervisor: Initials of other supervisors: _____

Name (please print) Title

Signature Date

Note: Write license number for each license held:

License(s) held: #

_____ LMFT

_____ Psychologist*

_____ LPCC

_____ Psychiatrist (M.D.)

_____ LCSW

III. Trainee:

Name (please print) CWID#

Signature Date

IV. For qualifying degree program: CSUF Clinical Training Director

Name (please print)

Signature Date

*Please note that Licensed Educational Psychologists (LEPs) may only supervise PCC/MFT Trainees for education-related issues in a school setting for a max of 1,200 Direct Client Contact hours.

College of Health and Human Development
In-person Internship/Practicum/Clinical Placement Site Request (COVID-19)
(submit completed form to CHHD Dean)

Name of Clinical Site: _____

Address: _____

Point of Contact: _____

Phone: _____ email: _____

.....

I, _____ (chair/director), confirm the following criteria are met:

Facility staff, campus faculty and students are being provided or have access to the necessary personal protective equipment; participants are required to wear a mask at all times.

Measures to prevent or reduce infection hazards have been implemented, such as those pursuant to the [CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#).

The facility follows [CDC Guidelines](#) regarding safeguards (i.e., recommendations for physical distancing, methods of minimizing exposure, performing routine environmental cleaning, etc.)

Provides training on how to adhere to CDC Guidelines to mitigate exposure and spread of COVID-19.

A contract/MOU between the site and CSUF is current/valid.

Capacity to Fulfill Clinical / Learning Objectives

Provide a brief/succinct description on how each of the following is addressed.

Description of internship/clinical site experience; how proper supervision and evaluation of course objectives/assignments are achieved through supervision by faculty, preceptor, or assigned/coordinated supervision.

The continued progression of a student's learning objectives in relation to standards and curriculum; **list courses utilizing this site.**

The facilities' capacity to allow rotations in accordance with academic and regulatory requirements; **identify how many students accommodated and which academic terms/year involved.**

College of Health and Human Development
In-person Internship/Practicum/Clinical Placement Site Request (COVID-19)
(submit completed form to CHHD Dean)

Name of Clinical Site: _____

Address: _____

Point of Contact: _____

Phone: _____ email: _____

.....

I, _____ (chair/director), confirm the following criteria are met:

Facility staff, campus faculty and students are being provided or have access to the necessary personal protective equipment; participants are required to wear a mask at all times.

Measures to prevent or reduce infection hazards have been implemented, such as those pursuant to the [CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#).

The facility follows [CDC Guidelines](#) regarding safeguards (i.e., recommendations for physical distancing, methods of minimizing exposure, performing routine environmental cleaning, etc.)

Provides training on how to adhere to CDC Guidelines to mitigate exposure and spread of COVID-19.

A contract/MOU between the site and CSUF is current/valid.

Capacity to Fulfill Clinical / Learning Objectives

Provide a brief/succinct description on how each of the following is addressed.

Description of internship/clinical site experience; how proper supervision and evaluation of course objectives/assignments are achieved through supervision by faculty, preceptor, or assigned/coordinated supervision.

The continued progression of a student's learning objectives in relation to standards and curriculum; **list courses utilizing this site.**

The facilities' capacity to allow rotations in accordance with academic and regulatory requirements; **identify how many students accommodated and which academic terms/year involved.**



Academic Internship/Program Site Covid-19 Acknowledgement

I understand, acknowledge and agree with each of the following statements:

- My participation in an on-site academic internship/program is voluntary and not required by the University.
- The risk of the transmission of COVID-19 increases whenever work is done where contact with others is inevitable simply because of the close proximity and length of person-to-person interactions.
- Prior to determining whether to voluntarily pursue an on-site academic internship, I have considered the transmission rate and prevalence of COVID-19 at my site or sites similar to my on-site academic internship/program and how those rates compare with alternatives to achieve my required hours.
- My on-site academic internship/program may not test or have plans to test any of its employees or clients for COVID-19. Therefore, it is possible that one or more of my clients, fellow employees or other people who I come into contact with at my academic internship/program site are capable of transmitting COVID-19 to me or others, even if they themselves remain asymptomatic.
- The risks of transmission of COVID-19 during my on-site academic internship/program cannot be eliminated, but may be mitigated by practicing good prevention behaviors such as wearing a KN95 or N95 face covering whenever contact with another individual is possible, frequently washing my hands with soap and water, refraining from touching my face before sanitizing my hands, and practicing sufficient physical distancing.
- Notwithstanding any practices, measures or methods employed or adopted by my on-site academic internship/program, there will still be a risk and possibility of contracting or transmitting COVID-19 during my academic internship/program.
- While I am present at my on-site academic internship/program, I will follow all health & safety measures prescribed by the academic internship/program, including but not limited to wearing all required personal protective equipment, practicing good prevention behaviors such as wearing a face covering whenever contact with another individual is possible, frequently washing my hands with soap and water, refraining from touching my face before sanitizing my hands, and practicing sufficient physical distancing.
- If I voluntarily choose to participate in an on-site academic internship/program, I will receive no additional internship credit or benefit from the University for any additional hours worked beyond those required to complete the internship/program.”



Center for Internships & Community Engagement

Division of Student Affairs

800 N. State College Blvd; LH-206

Fullerton, CA 92831

657-278-3746

cice@fullerton.edu

- If the University determines that all on-site academic internships/programs must end and be completed remotely, I will end my on-site academic internship/program.
- I will promptly report to the University any changes in circumstances at my academic internship/program site, including the site's decision to change my internship from on-site to virtual.
- If I contract COVID-19 and/or am exposed to COVID-19 during my on-site academic internship/program, I will report that to the University.

After considering the information above, I have decided to pursue an on-site academic internship/program. I have participated in an orientation related to the health & safety risks of participating in an on-site academic internship/program, and I am aware of the measures I can take to reduce my risks of transmission. My signature below acknowledges that I have read, understand and will abide by each of the statements included in this document.

Student's Name (please print)

Student's Signature

Date



Activity: _____

Activity Date(s) and Time(s): _____
Activity Location(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document. I agree to provide for and be responsible for, the transportation and care of my child until and immediately following each class session.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name



Activity: Counseling Practicum - in-person counseling, client notes, and supervision

Activity Date(s) and Time(s): M/W 3pm-8pm

Activity Location(s): Site ABC: 1234 Nutwood Ave., Fullerton, CA 92831

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: 

Participant Name (print): Nicole Folmer

Date: 11/18/20

SUPERVISION AGREEMENT

Between the Supervisor and Supervisee

Required for NEW supervisory relationships entered into on or after January 1, 2022

Any licensed mental health professional who provides supervision (whether as a primary supervisor or other supervisor) to any person gaining hours of experience toward LMFT, LCSW or LPCC licensure is required by law, along with the supervisee, to complete all parts of this agreement within 60 days of the commencement of supervision. The supervisee shall retain the signed form and provide the original agreement when applying for licensure.

Note: This agreement does not contain an exhaustive list of all legal requirements pertaining to supervision. Full legal text is available in the [Statutes and Regulations](#). Legal citations are provided in the accompanying [Supervision Agreement – Index of Legal Citations](#).

Supervisee's Name: Last	First	Middle
Date Supervisory Relationship Established:		
SUPERVISEE'S CURRENT STATUS <i>(as of the date this agreement is signed)</i> :		
<input type="checkbox"/> MFT Trainee <input type="checkbox"/> AMFT <input type="checkbox"/> ASW <input type="checkbox"/> APCC <input type="checkbox"/> Associate Applicant: Date applied: _____ BBS File No. (if known): _____ <input type="checkbox"/> Registered Associate Number: _____ Date Issued: _____		

PART I – TO BE COMPLETED BY SUPERVISOR

A. SUPERVISOR QUALIFICATIONS

Supervisor's Name: Last	First	Middle
License Type: <input type="checkbox"/> LMFT <input type="checkbox"/> LCSW <input type="checkbox"/> LPCC <input type="checkbox"/> LEP <input type="checkbox"/> Licensed Clinical Psychologist <input type="checkbox"/> Physician Board-Certified in Psychiatry by the American Board of Psychiatry and Neurology		
California License Number:	Date Issued:	Expiration Date:
If licensed for less than two (2) years in California, provide your equivalent out-of-state license information:		
State:	License Type:	License Number:
		Date Issued:

Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

A. SUPERVISOR QUALIFICATIONS (continued)

Have you been issued any of the following "approved supervisor" designations? Yes ☐ No ☐

*If YES, • Mark the box next to the type of certification held; • List the date issued and
• SKIP questions 5 and 6 below.*

☐ American Association for Marriage and Family Therapy (AAMFT): Date Issued: _____

☐ American Board of Examiners in Clinical Social Work (ABECSW): Date Issued: _____

☐ California Association of Marriage and Family Therapists (CAMFT): Date Issued: _____

☐ Center for Credentialing and Education (CCE): Date Issued: _____

	Supervisor Initials
1. I have and shall maintain a current and active California license that is in good standing and not under suspension or probation.	
2. I will immediately notify the supervisee of any disciplinary action taken against my license or any lapse in licensure that affects my ability or right to practice or supervise as specified in law.	
3. I have held an active license for at least two (2) of the past five (5) years immediately prior to commencing supervision.	
4. I have either practiced psychotherapy (or psychological counseling if an LEP) or provided direct clinical supervision of qualifying supervisees who perform psychotherapy for at least two (2) years within the five (5) year period immediately prior to commencing supervision.	
5. I have completed the initial supervisor training/coursework that was required at the time I began supervising (or will complete it within 60 days of commencing supervision).*	
6. I have completed (or if not yet required, will complete) six (6) hours of continuing professional development (CPD) in supervision during each subsequent license renewal period.*	
7. I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise individuals gaining experience toward licensure.	

** Supervisors who are a Clinical Psychologist or Physician or who hold an approved supervisor certification are not required to comply with 5 and 6.*

Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

A. SUPERVISOR QUALIFICATIONS (continued)

	Supervisor Initials
8. I have had sufficient experience, training, and education in the profession for which the supervisee is pursuing licensure, to competently practice that profession in California.	
9. I know and understand the laws and regulations pertaining to supervision and the experience required for licensure.	
10. I will keep myself informed about developments in the profession for which the supervisee is pursuing licensure and in California law governing its practice.	
11. I shall be competent in the areas of clinical practice and techniques being supervised.	
12. I have not ever provided therapeutic services to the supervisee, I am not a spouse, domestic partner or relative of the supervisee, and I do not currently have, nor previously had a personal, professional, or business relationship with the supervisee that undermines the authority or effectiveness of supervision.	
13. I have submitted or will submit a <i>Supervisor Self-Assessment</i> report to the Board.	

B. EMPLOYMENT AND WORK SETTING REQUIREMENTS

	Supervisor Initials
14. I shall not provide supervision unless the supervisee works in a setting that meets all of the following: <ul style="list-style-type: none"> • Lawfully and regularly provides mental health counseling or psychotherapy; • Provides oversight to ensure that the supervisee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession; and • If the supervisee has not yet been issued an associate registration, the setting shall not be a private practice or professional corporation. 	
15. I understand that my supervisee may not do any of the following: <ul style="list-style-type: none"> • Receive any remuneration from patients or clients and only be paid by the employer; • Have a proprietary interest in the employers' business; or • Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of the supervisee's employer. 	

Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

B. EMPLOYMENT AND WORK SETTING REQUIREMENTS (continued)

	Supervisor Initials
16. I shall ensure that the supervisee is employed as a W-2 employee or a volunteer, and not as an independent contractor.	
17. I understand that my supervisee may only perform mental health and related services at the places where their employer permits business to be conducted.	
18. If I am not employed by the same employer as my supervisee, or if I serve as a voluntary supervisor, a written agreement shall be executed between myself and the organization as specified in law and provided to the supervisee.	
19. If the registered associate will be working in a private practice or professional corporation, I understand that I as the supervisor must (1) be employed or contracted by the associate's employer or be an owner of the practice, and (2) either provide psychotherapeutic services to clients for the associate's employer or have a written contract with the associate's employer that provides me with the same access to the associate's clinical records as is provided to employees of the associate's employer.	
20. If my supervisee has been placed by a temporary staffing agency, I shall ensure compliance with the laws pertaining to temporary staffing agency placements.	

C. SUPERVISION REQUIREMENTS

	Supervisor Initials
21. I shall ensure my supervisee's compliance with the laws and regulations governing practice.	
22. I understand that "Supervision" means responsibility for, and control of, the quality of mental health and related services provided by the supervisee.	
23. I understand that consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience	
24. If supervising in a nonexempt setting, I shall not serve as an individual or triadic supervisor for more than six supervisees at any time.	
25. I agree to provide the amount and type of direct supervisor contact as required by law.	

Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

C. SUPERVISION REQUIREMENTS (continued)

	Supervisor Initials
26. When conducting group supervision, I shall ensure that the amount and degree of supervision is appropriate to each supervisee's needs.	
27. I shall sign the supervisee's experience log on a weekly basis, and shall verify the supervisee's completed experience hours at the completion of supervision.	
28. I shall provide written procedures to the supervisee for contacting the supervisor and an alternative on-call supervisor to assist in handling crises and emergencies.	
29. If I am an LEP, I agree to only supervise the provision of educationally related mental health services that are consistent with my scope of practice as an LEP.	

D. OTHER SUPERVISOR REQUIREMENTS

	Supervisor Initials
30. I shall obtain from the supervisee the name, address and telephone number of the supervisee's most recent supervisor and employer.	
31. Upon written request of the Board, I shall provide to the Board any documentation which verifies my compliance with supervisor requirements.	
32. I shall self-monitor for and address supervision dynamics such as, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect supervision.	
33. I shall give at least (1) one week's prior written notice to a supervisee of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where required supervision was provided.	

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing information and that I meet all criteria stated herein.

Supervisor's Signature	Date signed
------------------------	-------------

Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

PART II - TO BE COMPLETED BY SUPERVISEE

	Supervisee Initials
1. I understand that I must meet all requirements of the licensing law for the profession I am pursuing in order to engage in practice with clients.	
2. I shall only provide services at the place(s) where my employer allows business to be conducted.	
3. I understand that I must possess an active Associate registration to provide clinical services in a private practice or professional corporation.	
4. I understand that I must possess an active Associate registration to earn postdegree experience in any setting unless the law provides an exception (see Index for specific exceptions).	
5. I understand that my supervisor must maintain a current and active California license in good standing while supervising, and that any hours gained during the time my supervisor's license is lapsed will not count toward licensure.	
6. I understand that I must be employed as either a W-2 employee or a volunteer, and not as an independent contractor, and must provide my W-2 or letter verifying volunteer status with my <i>Application for Licensure</i> .	
7. I understand that my supervisor must sign my experience log on a weekly basis, and must also sign for my completed experience hours at the completion of supervision in order for my experience to count toward licensure.	
8. I understand that all hours of experience must be completed within the six (6)-year period immediately preceding submission of my <i>Application for Licensure</i> (with the exception of 500 supervised practicum hours for LMFT applicants).	
9. I understand that I may NOT do any of the following: <ul style="list-style-type: none"> • Receive any remuneration from patients or clients and only be paid by my employer; • Have a proprietary interest in my employers' business; or • Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of my employer. 	

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing information.

Supervisee's Signature	Date signed
------------------------	-------------

Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

PART III – TO BE COMPLETED BY SUPERVISOR AND SUPERVISEE

Supervisory Plan

Within 60 days of commencing supervision, the supervisor and supervisee are required by law to collaboratively develop a supervisory plan that describes the goals and objectives of supervision. *If you are not the supervisee's primary supervisor, you may either develop a separate plan or use the same plan as the primary supervisor. Attach additional pages if needed.*

DESCRIBE THE GOALS AND OBJECTIVES OF SUPERVISION BELOW:

Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

PART III - Supervisory Plan (continued)

By signing below, I acknowledge that this Supervisory Plan was developed collaboratively with the supervisee. I also understand that I am required to do all of the following:

1. Complete an assessment of the ongoing strengths and limitations of the supervisee at least once a year and at the completion or termination of supervision, and provide a copy to the supervisee.
2. Ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.
3. Monitor and evaluate assessment, diagnosis, and treatment decisions of the supervisee and provide regular feedback.
4. Monitor and evaluate the ability of the supervisee to provide services at the site(s) where the supervisee will be practicing and to the particular clientele being served.
5. Monitoring and addressing clinical dynamics, including, but not limited to, countertransference, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or practitioner-patient relationship.
6. Review progress notes, process notes, and other treatment records.
7. Directly observe therapy, or review audio or video recordings of therapy, in an amount I deem appropriate, with the client's written consent.

Supervisor's Signature	Date signed
------------------------	-------------

By signing below, I acknowledge that this Supervisory Plan was developed collaboratively with my supervisor.

Supervisee's Signature	Date signed
------------------------	-------------



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830
www.bbs.ca.gov



MARRIAGE AND FAMILY THERAPIST TRAINEE / ASSOCIATE WEEKLY SUMMARY OF EXPERIENCE HOURS

Name of Trainee/Associate: Last		First		Middle			
Supervisor Name				Date enrolled in graduate degree program			
Name of Work Setting (use a separate log for each)			Address of Work Setting				
Indicate your status when the hours below are logged: <input type="checkbox"/> Trainee <input type="checkbox"/> Post-Degree / Associate Application Pending - BBS File No (if known): _____ <input type="checkbox"/> Registered Associate - AMFT Number: _____							
YEAR _____	A. Direct Counseling with Individuals, Groups, Couples or Families*	A1. Diagnosis and Treatment of Couples, Families, Children **	B. Non-Clinical Experience***	B1. Supervision, Individual or Triadic**	B2. Supervision, Group**	C. Total Hours Per Week (A + B = C)****	Supervisor Signature
Week of:							
Week of:							
Week of:							
Week of:							
Week of:							
Total Hours							

* Includes telehealth counseling.

** Line A1 is a sub-category of "A" and Lines B1 and B2 are subcategories of "B." When totaling weekly hours do NOT include the subcategories - use the formula found in box "C."

*** Non-Clinical Experience includes: Supervision, psychological testing, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions or conferences.

**** A + B + C = Maximum 40 hours / week



Board of Behavioral Sciences
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 www.bbs.ca.gov



LICENSED MARRIAGE AND FAMILY THERAPIST IN-STATE EXPERIENCE VERIFICATION

This form is to be completed by the applicant's California supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification.

- Use separate forms for pre-degree and post-degree experience.
- Use separate forms for each supervisor and each employment setting.
- Ensure that the form is complete and correct prior to signing.
- Provide an original signature and have the supervisor initial any changes.
- Do not submit *Weekly Summary* forms unless specifically requested

The hours reported on this form were earned (mark one):

- ☐ Pre-Degree
☐ Post-Degree

APPLICANT NAME:

Last	First	Middle	Associate Number AMF
------	-------	--------	-------------------------

SUPERVISOR INFORMATION:

Supervisor's Last Name	First	Middle
Business Phone	Email Address (OPTIONAL)	
License Type	License Number	Date First Licensed*

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? ☐ N/A ☐ No ☐ Yes: Date Certified: _____
 Certification Number: _____
- LPCCs: Did you meet the qualifications to treat couples and families during the entire period of supervision, as specified in California law? ☐ N/A ☐ No ☐ Yes
 If YES, date qualifications were met: _____

**If licensed in California for less than two years on the first date of experience claimed, attach out-of-state license information*

APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer		Business Phone	
Address	Number and Street	City	State Zip Code



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



SAMPLE WRITTEN OVERSIGHT AGREEMENT FOR SUPERVISION

***Required when the supervisor is not employed by
the supervisee's employer or is a volunteer***

Date:

Supervisee name:

Supervisor name:

Employer name:

SAMPLE

This letter serves as an oversight agreement between (Employer name) and (Supervisor name). (Employer name) agrees to allow (Supervisor name), who (pick one: "is not employed by" or "is a volunteer for" (Employer name) to provide clinical supervision to (Associate or Trainee name).

(Supervisor name) agrees to take supervisory responsibility for the services provided by (Associate or Trainee name). (Supervisor name) shall ensure that the extent, kind and quality of services performed is consistent with (Associate or Trainee name)'s training, education, and experience and is appropriate in extent, kind and quality.

(Employer name) is aware of the licensing requirements that must be met by (Associate or Trainee name) and agrees not to interfere with (Supervisor name)'s legal and ethical obligations to ensure compliance with those requirements; and agrees to provide (Supervisor name) access to clinical records of the clients counseled by (Associate or Trainee name).

Supervisor Printed Name

Supervisor Signature

Date

Employer's Authorized Representative Printed Name and Title

Employer's Authorized Representative Signature

Date

NOTE:

This is a SAMPLE letter. It should be written on the letterhead of the employer and must be signed and dated PRIOR to gaining hours of experience.
The supervisee shall submit this letter with the application for licensure.

Beginning Practicum Summary Log/Semester Accounting Form Page | 1

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Course: 530 A ☐ B ☐ **Semester:** Spring ☐ Fall ☐ **Year:** _____

CWID # _____

Student's Name _____

Community Agency Site _____

Site Supervisor _____

University Practicum Instructor _____

Direct Client Contact (DCC) Hours- MINIMUM/ MAXIMUM 40 hrs.
(Must complete at least, but no more than, 40 hrs. for 530 semester)

I. Direct Client Contact (DCC) Hours-

1. Individual Adult Hours: _____
2. Individual Child Hours: _____
3. Conjoint Couple Hours: _____
4. Conjoint Family Hours: _____
5. Group Therapy Hours: _____

Types of Groups: _____

TOTAL Direct Client Contact (DCC) HOURS IN CATEGORY I: _____

Non-DCC Hours- MINIMUM/ MAXIMUM 60 hrs for Categories II & III Combined
(Must complete at least, but no more than, 60 hrs. for 530 semester)

II. Non-DCC - Supervision Hours:

1. Individual Supervision Hours: _____
2. Group Supervision Hours: _____

TOTAL HOURS IN CATEGORY II: _____

III. Non-DCC - Other:

1. Writing Case Notes & Reports/Recordkeeping: _____
2. Staff Meetings/Interdisciplinary Team Meetings: _____
3. Intake/Case Conference Meetings: _____

****On-line Form Effective Spring 2021****

Beginning Practicum Summary Log/Semester Accounting Form Page | 2

4. Community Outreach Activities: _____

III. Non-DCC – Other (Continued):

5. Staff Development/Staff Training: _____

6. Reading & Multimedia Use for Professional Development: _____

7. Professional Conferences/Continuing Education Seminars: _____

8. Consuming and/or Conducting Research: _____

9. Agency Service: _____

10. Other (please specify on reverse): _____

TOTAL HOURS IN CATEGORY III: _____

IV. TOTAL NUMBER OF PRACTICUM HOURS:

Category	Hours	Max hrs. COUN 530
I. DCC		40 min/max DCC
II. Non-DCC - Supervision		60 min/max Non-DCC Combined II & III
III. Non-DCC - Other		
Course Total		100 min/max Total Hrs.

NOTE: Please retain a copy of this form in order to compute your cumulative totals for future practicum logs.

DATE: _____ Student's Signature: _____

Supervisor's Signature: _____ Credential/License#: _____

****On-line Form Effective Spring 2021****

Advanced Practicum Summary Log/Semester Accounting Form Page | 1

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Course: 584____ 590____ 591____ **Semester:** Spring____ Fall____ Sum____ **Year:**_____

CWID # _____

Student's Name _____

Community Agency Site _____

Site Supervisor _____

University Practicum Instructor _____

I. Direct Client Contact (DCC) Hours-

MINIMUM 240 DCC combined Advanced Practicum hrs. (584/590/591)

MINIMUM 280 combined total hrs., including Beginning Practicum required for graduation

1. Individual Adult Hours: _____
2. Individual Child Hours: _____
3. Conjoint Couple Hours: _____
4. Conjoint Family Hours: _____
5. Group Hours: _____

Types of Groups _____

TOTAL SEMESTER HOURS IN CATEGORY I: _____

Non-DCC Hours - Categories II & III Combined - MINIMUM 360 DCC combined Advanced Practicum hrs. (584/590/591)

MINIMUM 420 combined total hrs., including Beginning Practicum required for graduation

Non-DCC - Supervision Hours:

1. Individual Supervision Hours: _____
2. Group Supervision Hours: _____

TOTAL SEMESTER HOURS IN CATEGORY II: _____

****On-line Form Effective Spring 2021****

Advanced Practicum Summary Log/Semester Accounting Form Page | 2

III. Non-DCC – Other Hours:

1. Writing Case Notes & Reports/Recordkeeping: _____
2. Staff Meetings/Interdisciplinary Team Meetings: _____
3. Intake/Case Conference Meetings: _____
4. Community Outreach Activities: _____
5. Staff Development/Staff Training: _____
6. Reading & Multimedia Use for Professional Development: _____
7. Professional Conferences/Continuing Education Seminars: _____
8. Consuming and/or Conducting Research: _____
9. Agency Service: _____
10. Other (please specify on reverse): _____

TOTAL SEMESTER HOURS IN CATEGORY III: _____

TOTAL NUMBER OF PRACTICUM HOURS:

Category	COUN 530*	COUN 584**	COUN 590**	COUN 591**	Cumulative TOTALS (Sum of all semesters)	Minimum Requirements for Graduation
I. DCC						280 hrs.
II. Non-DCC Supervision						420 hrs. Combined (II & III)
III. Non- DCC/Other						
Course Total						700 hrs. 280 DCC + 420 Non-DCC

*Min/Max 100 hrs. for COUN 530: 40 hrs. DCC + 60 hrs. Non-DCC (Categories II & III)

**Minimum 240 hrs. DCC/360 hrs. Non-DCC for COUN 584/590/591

DATE: _____ Student's Signature: _____

Supervisor's Signature: _____ Credential/License#: _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

NOTE: On-line form as of Spring 2021
Site Supervisor Mid-Semester Evaluation of Student

Class: 530 _____ 584 _____ 590 _____ 591 _____ Spring _____ Fall _____ Sum _____

Name of Student: _____

Name of Agency _____

Individual Supervisor: _____ Date: _____

The Supervisor and Trainee/Student have discussed this evaluation: Yes _____ No _____

This form is to be completed by individual supervisors and discussed with trainees/students during mid-semester. This form is to be submitted to the Practicum Instructor when completed. This form provides an overall assessment of the trainee/student's performance during this evaluation period.

I. RELATIONSHIP AND INTERVENTIONS WITH CLIENTS

Concern	No Concern	
_____	_____	Demonstrates empathic understanding of clients
_____	_____	Demonstrates non-judgmental acceptance of clients
_____	_____	Creates a trusting environment for clients
_____	_____	Is authentic and genuine in therapeutic encounters
_____	_____	Demonstrates awareness & acceptance of human diversity
_____	_____	Recognizes impact of own feelings & behavior on clients
_____	_____	Conveys a sense of warmth and caring
_____	_____	Maintains focus during sessions
_____	_____	Facilitates client's expression of affect
_____	_____	Avoids over-identifying with clients
_____	_____	Acknowledges therapeutic errors without undue anxiety
_____	_____	Opens and terminates sessions appropriately
_____	_____	Makes interventions in a timely and appropriate manner

Site Supervisor Mid-Semester Evaluation of Student

Concern	No Concern	
_____	_____	Integrates counseling techniques with his/her own style
_____	_____	Can make process comments
_____	_____	Reflects on effectiveness of interventions

II. PROFESSIONALISM

Concern	No Concern	
_____	_____	Conducts himself/herself ethically
_____	_____	Recognizes limitations and areas of weakness
_____	_____	Respects confidentiality of the counseling relationship
_____	_____	Aware of need for written consent for release of info
_____	_____	Is timely with written documentation (e.g., case notes)
_____	_____	Represents professional qualifications accurately
_____	_____	Open to feedback
_____	_____	Avoids establishing dual relationships with clients
_____	_____	Seeks out supervision for assistance
_____	_____	Efficient in use of time; organized
_____	_____	Is punctual and is not excessively absent
_____	_____	Gets along well with colleagues and supervisors
_____	_____	Presents case material in a cogent, coherent manner

Additional Comments: _____

Supervisor's Signature _____

Date _____

Student's Signature _____

Date _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

**Counseling 584, 590 & 591: Advanced Practicum
Practicum Presentations Evaluation Rubric**

Course: 584 ☐ 590 ☐ 591 ☐ **Semester:** Spring ☐ Fall ☐ Sum ☐ **Year:** _____

Student's Name: _____

CWID #: _____

The following scale will be used in providing feedback on your presentations:

- 1 unacceptable performance
- 2 needs improvement in performance
- 3 appropriate performance (**expected level**)
- 4 good demonstrated performance
- 5 outstanding clinical performance
- N/A not applicable or insufficient evidence to make a rating

Note that all skills demonstrated must reach the level of 3 (expected level) or higher by the end of the semester. Also, not all clinical skills are required for each presentation as students may not have a chance to demonstrate all skills—these are just possibilities—do not feel that you need to show all of these skills in your presentation.

<i>Professionalism</i>						
<i>Student demonstrates appropriate utilization of or ability in:</i>						
Preparation/timeliness	1	2	3	4	5	N/A
Openness to supervisor and peer feedback	1	2	3	4	5	N/A
Consultation with supervisor and/or colleagues	1	2	3	4	5	N/A
Strengths/growth areas for counselor	1	2	3	4	5	N/A
Identity as a clinical mental health counselor and marriage and family therapist	1	2	3	4	5	N/A
Relevant legal/ethical issues	1	2	3	4	5	N/A
Boundary issues between counselor and client	1	2	3	4	5	N/A
Timely and professional clinical records	1	2	3	4	5	N/A
Advocacy for client when appropriate	1	2	3	4	5	N/A

<i>Clinical Skills</i>						
<i>Student demonstrates appropriate utilization of or ability in:</i>						
Active listening skills, verbal/non-verbal	1	2	3	4	5	N/A
Developing/maintaining therapeutic relationship	1	2	3	4	5	N/A
Counselor presence/engagement	1	2	3	4	5	N/A
Silence	1	2	3	4	5	N/A
Timing of interventions	1	2	3	4	5	N/A
Open-ended questions	1	2	3	4	5	N/A
Being non-judgmental	1	2	3	4	5	N/A
Exploring affect	1	2	3	4	5	N/A
Exploring cognitions	1	2	3	4	5	N/A
Exploring behavior	1	2	3	4	5	N/A
Awareness of crisis issues	1	2	3	4	5	N/A
Action regarding crises	1	2	3	4	5	N/A
Balancing process and content comments	1	2	3	4	5	N/A
Immediacy	1	2	3	4	5	N/A
Interpersonal process between client and counselor	1	2	3	4	5	N/A
Awareness of self/countertransference/bias	1	2	3	4	5	N/A
Self-awareness/countertransference in session	1	2	3	4	5	N/A
Self-disclosure	1	2	3	4	5	N/A
Empathically and appropriately challenging client	1	2	3	4	5	N/A
<i>Conceptualization and Treatment Planning</i>						
<i>Student demonstrates appropriate utilization of or ability in:</i>						
Strengths/growth areas of clients	1	2	3	4	5	N/A
Assessment/DSM diagnosis	1	2	3	4	5	N/A
Developing case conceptualizations through use of theory that accounts for human development perspective	1	2	3	4	5	N/A
Developing treatment planning responsive to assessment, conceptualization, and cultural factors [including Severe Mental Illness (SMI) and/or co-occurring disorders]	1	2	3	4	5	N/A
Evidence-based practices in clinical work	1	2	3	4	5	N/A
Linking interventions to case conceptualization and treatment goals	1	2	3	4	5	N/A
Anticipating and preparing clients for termination	1	2	3	4	5	N/A
Preparing self for termination	1	2	3	4	5	N/A
Providing appropriate referrals when needed	1	2	3	4	5	N/A

<i>Diversity Awareness and Sensitivity</i>						
<i>Student demonstrates appropriate utilization of or ability in:</i>						
Awareness of diversity relative to self	1	2	3	4	5	N/A
Awareness of diversity relative to client	1	2	3	4	5	N/A
Awareness of diversity relative to system/context/environment	1	2	3	4	5	N/A
Knowledge of diverse groups	1	2	3	4	5	N/A
Culturally responsive interventions	1	2	3	4	5	N/A

Comments:

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

NOTE: Effective Fall 2020 this document became an on-line document

**Professor Evaluation of Counselor Student/Trainee
Dispositions & Professionalism**

Semester: Spring ☐ Fall ☐ Summer ☐ Year: _____

Student's Name: _____

Professor's Name: _____

Course: _____

Directions for faculty:

- Professors from any class are welcome to fill out the form for any student about whom they have concerns or want to note strengths and growth areas.
- 511, 530, and 584 professors must fill Table 1 (global evaluation) and include professor and student signatures at the bottom (even if there are no concerns).
- If there are any “needs improvement” or “concerns,” also complete the relevant section of Table 2. Provide comments about any concerns at the end of the form.

Table 1: GLOBAL EVALUATION: (circle the appropriate item):

Dispositions & Professionalism A – D

A. Effective and Professional Communication and Collaboration	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
B. Emotional Maturity, Self-Awareness, and Counselor Presence	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
C. Dependability, Reliability, and Ethical Behavior	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
D. Respect for Diversity and Openness to Other World Views	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A

Table 2: Dispositions & Professionalism – A. Effective and Professional Communication and Collaboration

Student has considerate and respectful written and verbal communication with peers, staff, professors, and supervisors (in person and email).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student works well on group projects and does their fair share.	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student appropriately addresses areas of conflict or concern, including consultation with instructor and/or supervisor.	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A

Table 3. Dispositions & Professionalism - B. Emotional Maturity, Self-Awareness, and Counselor Presence

Student presents appropriately for the situation (e.g., appropriate attire when seeing clients).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
If student is struggling emotionally or with a life situation, they take responsibility and appropriately inform professors and/or supervisors. They take appropriate steps to manage their course or client work and obtain any needed assistance (e.g., therapy, leave of absence, self-care).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student manages learning and performance anxieties appropriately.	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student demonstrates self-awareness and commitment to personal growth (e.g., understands how one's words and actions impact others; identifies own strengths and areas of needed growth).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student provides constructive feedback and responds appropriately and flexibly to feedback.	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student demonstrates appropriate boundaries (e.g., in class, with professors, with clients).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student has a good counselor presence (e.g., empathic, confident, good non-verbals, a therapeutic vocal style).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A

Table 4. Dispositions & Professionalism - C. Dependability, Reliability, and Ethical Behavior

Student appears to devote sufficient time and energy to the requirements of the program and manages their schedule and obligations appropriately.	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student is prepared for class, attentive to lecture presentations, and engages in class discussions (taking into account students are diverse in their comfort level and cultural norms regarding speaking up).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student is on time for class and appointments (also supervision and training if in practicum).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student completes papers and assignments on time (also case notes and site paperwork).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
On the rare occasion that the student is late or misses class, it is for an appropriate reason, and they inform the professor and follow up appropriately.	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student abstains from using electronic devices during class time, with the exception of approved note-taking.	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student adheres to legal and ethical principles (e.g., ACA Code of Ethics, CAMFT Code of Ethics, BBS laws and regulations, the Counseling Student Handbook, CSUF academic integrity).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student demonstrates appropriate identity as a clinical mental health counselor and marriage and family therapist (e.g., scope of practice, scope of competence).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A

Table 5. Dispositions & Professionalism - D. Respect for Diversity and Openness to Other World Views

Student is respectful and empathic regarding the experience of others different from themselves.	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student is willing to address areas of personal bias, prejudice, or “blind spots.”	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student does not impose personal values onto others (e.g., peers, clients).	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Student is committed to enhancing the well-being of others, regardless of their diverse identities and/or circumstances.	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Concern	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> No Concern	<input type="checkbox"/> N/A

Comments (e.g., strengths, areas of improvement needed; context of the concern):

If the form and/or content of concern was discussed with the student in any way, please state how that process went:

Plan (if applicable):

Student Signature: _____ **Date:** _____
(Required for Practicum courses)

Professor Signature: _____ **Date:** _____

Professor Evaluation of Counseling Student Clinical Skills in Coun 511

Student's Name: _____

How to use this evaluation form:

- GLOBAL EVALUATION:** The students is generally able to use the 511 skills appropriately for this level of training (circle the appropriate item):

- ☐ Yes, meets or exceeds expectations
- ☐ Yes, meets minimal expectations
- ☐ No, does not meet minimal expectations (see comments and remediation plan)

Provide a rating from 0 to 2. Do not provide a higher rating; If you would like to elaborate on how advanced the student is here in 511, do so in the narrative comments option. If there are any concerns, explain them in the narrative as well. If you did not have an opportunity to evaluate a skill you can leave it blank.

Note: If students have a “0” rating on a crucial skill or on many skills, provide a global rating of “No, does not meet minimal expectations” and clarify in the comments with a remediation plan.

<p style="text-align: center;">Concern Below expectations</p> <p style="text-align: center;">0</p> <p>The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course</p>	<p style="text-align: center;">No Concern 511 Meets expectations</p> <p style="text-align: center;">1 – 2</p> <p>The student uses skills <i>appropriately</i> for beginning level with practice “clients”</p>
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Category	Clinical Skills	Score (0-2)
CS1	Feeling reflections	
CS2	Content reflections	
CS3	Questions (e.g. frequency, open vs. closed)	
CS4	Silence (e.g. client is processing vs. counselor stuck)	
CS5	Verbal and non-verbal body language (e.g. eye contact, posture, gesturing, proxemics, head nodding)	
CS6	Avoidance of providing praise (external evaluation of client or behavior)	
CS7	Empathy (feelings combined with reasons for feeling or meaning)	
CS8	Ability to sit with painful emotions	
CS9	Probing (going deeper into meaning of words, client behavior, feelings, beliefs, themes or values)	
CS10	Empathic confrontation (e.g., reflection of discrepancy in lieu of harsh confrontations)	
CS11	Avoiding supportive statements that minimize client feelings	
CS12	Therapeutic voice (e.g. tone, volume, rate of speech)	
CS13	Identification of themes (reflection of a main point, theme, or general concern of client)	
CS14	Countertransference awareness	

Professor Evaluation of Counselor Practicum Trainee
Clinical Skills; Case Conceptualization & Treatment Planning; Diversity

For 530, the rating options are 0 – 4. If you would like to elaborate on how advanced the student is here in 530, do so in the narrative comments option. If there are any concerns, explain them in the narrative as well. If you did not have an opportunity to evaluate a skill you can leave it blank.

Note: If students have a “0 - 2” rating on a crucial skill or on many skills, provide a global rating of “No, does not meet minimal expectations” and clarify in the comments with a remediation plan.

Concern Well below expectations 0	Concern Below expectations 1 – 2	530 Meets expectations 3 - 4
The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course	The student uses skills appropriately for 511 beginning level with practice “clients” but is struggling with applying them to real clients	The student uses skills <i>competently</i> in therapy with real clients

Category	Description – Clinical Skills	Score (0-4)
CS1	Feeling reflections	
CS2	Content reflections	
CS3	Questions (e.g. frequency, open vs. closed)	
CS4	Silence (e.g. client is processing vs. counselor stuck)	
CS5	Verbal and non-verbal body language (e.g. eye contact, posture, gesturing, proxemics, head nodding)	
CS6	Avoidance of providing praise (external evaluation of client or behavior)	
CS7	Empathy (feelings combined with reasons for feeling or meaning)	
CS8	Ability to sit with painful emotions	
CS9	Probing (going deeper into meaning of words, client behavior, feelings, beliefs, themes or values)	
CS10	Empathic confrontation (e.g., reflection of discrepancy in lieu of harsh confrontations)	
CS11	Avoiding supportive statements that minimize client feelings	
CS12	Therapeutic voice (e.g. tone, volume, rate of speech)	
CS13	Identification of themes (reflection of a main point, theme, or general concern of client)	
CS14	Countertransference Awareness	

Concern Well below expectations 0	Concern Below expectations 1 – 2	530 Meets expectations 3 - 4
The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course	The student uses skills appropriately for 511 beginning level with practice “clients” but is struggling with applying them to real clients	The student uses skills <i>competently</i> in therapy with real clients

Category	Description – Case Conceptualization and Treatment Planning	Score (0-4)
CSCCTP1	Assesses strengths/growth areas of clients	
CSCCTP2	Assesses using DSM	
CSCCTP3	Develops case conceptualizations through use of theory and biopsychosociocultural considerations	
CSCCTP4	Develops treatment plans responsive to assessment, conceptualization, and cultural factors	
CSCCTP5	Uses Evidence-based practices in clinical work	
CSCCTP6	Prepares for termination and provides adequate referrals and follow-up as needed	

Category	Description – Diversity Awareness and Sensitivity	Score (0-4)
CSD1	Demonstrates awareness of diversity relative to self	
CSD2	Demonstrates awareness of diversity relative to client	
CSD3	Demonstrates awareness of diversity relative to system/context/environment	
CSD4	Demonstrates culturally responsive interventions	

Student Signature: _____

Date: _____

Professor Signature: _____

Date: _____

Professor Evaluation of Counselor Practicum Trainee
Clinical Skills; Case Conceptualization & Treatment Planning; Diversity

Semester: Spring ☐ Fall ☐ **Year:** _____

Professor's Name: _____

- Begin on page 2 and rate the student on each item; then come back to page 1 to provide a global evaluation and any narrative comments.

- ☐ Yes, meets or exceeds expectations (all scores are in the 5-6 range)
- ☐ Yes, meets minimal expectations (some skills are in the 3-4 range, but most are in the 5-6 range)
- ☐ No, does not meet minimal expectations (below a 2 on any skill and/or below a 5-6 on crucial skills or many skills)

For 584/590/591, the rating options are 0 – 6. If you did not have an opportunity to evaluate a skill you can leave it blank.

Note: if a student has a 2 or below on any item at the end of the course, they cannot pass Counseling 584. Provide an explanation in the comments section and a remediation plan if appropriate.

Concern Well below expectations 0	Concern Below expectations 1 – 2	530 Meets expectations 3 - 4	584 Meets expectations 5 - 6
The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course	The student uses skills appropriately for 511 beginning level with practice “clients” but is struggling with applying them to real clients	The student uses skills <i>competently</i> in therapy with real clients	The student uses skills <i>effectively and confidently</i> in therapy with a higher level of awareness of the work

Category	Description – Clinical Skills	Score (0-6)
CS1	Feeling reflections	
CS2	Content reflections	
CS3	Questions (e.g. frequency, open vs. closed)	
CS4	Silence (e.g. client is processing vs. counselor stuck)	
CS5	Verbal and non-verbal body language (e.g. eye contact, posture, gesturing, proxemics, head nodding)	
CS6	Avoidance of providing praise (external evaluation of client or behavior)	
CS7	Empathy (feelings combined with reasons for feeling or meaning)	
CS8	Ability to sit with painful emotions	
CS9	Probing (going deeper into meaning of words, client behavior, feelings, beliefs, themes or values)	
CS10	Empathic confrontation (e.g., reflection of discrepancy in lieu of harsh confrontations)	
CS11	Avoiding supportive statements that minimize client feelings	
CS12	Therapeutic voice (e.g. tone, volume, rate of speech)	
CS13	Identification of themes (reflection of a main point, theme, or general concern of client)	
CS14	Countertransference Awareness	

Concern Well below expectations 0	Concern Below expectations 1 – 2	530 Meets expectations 3 - 4	584 Meets expectations 5 - 6
The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course	The student uses skills appropriately for 511 beginning level with practice “clients” but is struggling with applying them to real clients	The student uses skills <i>competently</i> in therapy with real clients	The student uses skills <i>effectively and confidently</i> in therapy with a higher level of awareness of the work

Category	Description – Case Conceptualization and Treatment Planning	Score (0-6)
CSCCTP1	Assesses strengths/growth areas of clients	
CSCCTP2	Assesses using DSM	
CSCCTP3	Develops case conceptualizations through use of theory and bio-psycho-sociocultural considerations	
CSCCTP4	Develops treatment plans responsive to assessment, conceptualization, and cultural factors	
CSCCTP5	Uses Evidence-based practices in clinical work	
CSCCTP6	Prepares for termination and provides adequate referrals and follow-up as needed	

Category	Description – Diversity Awareness and Sensitivity	Score (0-6)
CSD1	Demonstrates awareness of diversity relative to self	
CSD2	Demonstrates awareness of diversity relative to client	
CSD3	Demonstrates awareness of diversity relative to system/context/environment	
CSD4	Demonstrates culturally responsive interventions	

Student Signature: _____

Date: _____

Professor Signature: _____

Date: _____

****ONLINE FORM AS OF SPRING 2021****

CALIFORNIA STATE UNIVERSITY FULLERTON

Site Supervisor Final Evaluation of PCC/MFT Trainee

Student Name: _____ CWID: _____

Evaluation Period: ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____ Class: 530 ☐ 584 ☐ 590 ☐ 591 ☐

Agency Name: _____ City: _____

Clinical Supervisor's Name: _____ Phone: _____

How Competency was Assessed. Check all that apply. A. <input type="checkbox"/> Direct Observation B. <input type="checkbox"/> Video C. <input type="checkbox"/> Audio D. <input type="checkbox"/> Supervisory Discussion E. <input type="checkbox"/> Review of Written Reports F. <input type="checkbox"/> Feedback from others G. <input type="checkbox"/> Other (specify): _____		Competency Expectations: Fall: Student is expected to receive a rank of 3 or higher for each competency and an overall rank of 3 or higher. Spring: Student is expected to receive a rank of 3 or higher for each competency and an overall rank of 3 or higher. Summer: Student is expected to receive a rank of 3 or higher for each competency and an overall rank of 3 or higher.	
Performance Levels: <i>Check all boxes that apply within each Competency area and rank student 1 thru 6 based on where the majority of the boxes are checked for that competency.</i> 1: Fails to meet standard, needs improvement 2: Meets minimum standard, needs improvement 3: Meets minimum standard, would benefit from further training		4: Meets standard, appropriate to current level of training and experience 5: Meets standard, exceeds in some competencies 6: Exceeds performance standard in most competencies	
COMPETENCY 1: Clinical Evaluation			
Needs much guidance in <input type="checkbox"/> identifying presenting problems, <input type="checkbox"/> identifying client strengths, and <input type="checkbox"/> identifying possible substance abuse, and <input type="checkbox"/> in connecting presenting problem to DSM diagnoses.	<input type="checkbox"/> Can identify treatment unit, presenting problems, and patterns of behavior with guidance. <input type="checkbox"/> Does not always identify risks and self-destructive behaviors. <input type="checkbox"/> Sometimes misses client strengths and needs to be reminded to identify such strengths. <input type="checkbox"/> Does not always assess for substance abuse. <input type="checkbox"/> Needs help connecting DSM criteria to presenting problems. <input type="checkbox"/> Has little understanding of prognostic indicators.	<input type="checkbox"/> Generally good at identifying unit of treatment, presenting problems, and patterns of behavior. <input type="checkbox"/> Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. <input type="checkbox"/> Routinely assesses client strengths and coping skills, and possible substance use. <input type="checkbox"/> Generally sufficient in using the DSM but sometimes needs help in identifying appropriate diagnoses. <input type="checkbox"/> Beginning to understand prognostic indicators.	<input type="checkbox"/> Consistently good at identifying unit of treatment, presenting problems, and patterns of behavior. <input type="checkbox"/> Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. <input type="checkbox"/> Routinely assesses client strengths and coping skills, and possible substance use. <input type="checkbox"/> Connects presenting problem with DSM diagnosis and identifies possible comorbid disorders. <input type="checkbox"/> Can identify elements relevant to making proper prognosis.
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments - required if student ranks 1 or 2 - optional for scores 3 and above:			
COMPETENCY 2: Crisis Management			
<input type="checkbox"/> Is inadequate in identifying indicators of abuse, danger to self, or danger to others. <input type="checkbox"/> Sometimes disputes supervisor's identifications of such indicators. <input type="checkbox"/> Inadequate in issues dealing with trauma. <input type="checkbox"/> Completely relies upon supervisor to develop and implement a plan to reduce the potential for danger and to report these incidents.	<input type="checkbox"/> Sometimes misses indicators of abuse, danger to self, or danger to others, but understands these signs after discussion with supervisor. <input type="checkbox"/> Mostly relies upon supervisor to develop and implement a plan to reduce the potential for danger. <input type="checkbox"/> Is uncertain in identifying and treating trauma. <input type="checkbox"/> Feels less confident in reporting such crises and defers to supervisor to complete reporting requirements.	<input type="checkbox"/> Generally good at observing and assessing for indicators of abuse, danger to self, or danger to others with support from supervisor. <input type="checkbox"/> Helps in the development and implementation of a plan to reduce the potential for danger. <input type="checkbox"/> Generally good at identifying and treating trauma with assistance from supervisor. <input type="checkbox"/> Manages reporting requirements with assistance from supervisor.	<input type="checkbox"/> Consistently observes and assesses for indications of abuse, danger to self, or danger to others. <input type="checkbox"/> Develops/implements a plan to reduce the potential for danger with appropriate input from supervisor. <input type="checkbox"/> Excellent at identifying and treating trauma. <input type="checkbox"/> Manages reporting requirements appropriately.
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments required if student ranks 1 or 2:			

****ONLINE FORM AS OF SPRING 2021****

CALIFORNIA STATE UNIVERSITY FULLERTON
Site Supervisor Final Evaluation of PCC/MFT Trainee

COMPETENCY 3: Treatment Planning			
<input type="checkbox"/> Inadequate knowledge of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Difficulty in identifying stages of treatment and imposes treatment goals. <input type="checkbox"/> Does not understand the differences between short- and long-term treatment goals. <input type="checkbox"/> Does not recognize the need for referral and is not aware of appropriate referrals.	<input type="checkbox"/> Often needs help demonstrating knowledge of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. <input type="checkbox"/> Often needs help recognizing the need for referral for appropriate services and resources.	<input type="checkbox"/> Generally good demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. <input type="checkbox"/> Sometimes needs guidance on recognizing the need for referral for appropriate services and resources.	<input type="checkbox"/> Consistent demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment. <input type="checkbox"/> Recognizes the need for referral and identifies appropriate services and resources.
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 4: Rapport Building			
<input type="checkbox"/> Inadequate in developing empathy and sometimes is not aware of empathy's importance. <input type="checkbox"/> Does not create a safe environment. <input type="checkbox"/> Is unaware of how one's own biases affect treatment outcomes.	<input type="checkbox"/> Often does not develop empathy. <input type="checkbox"/> Needs help in creating a safe environment and understanding the problem from the client's perspective. <input type="checkbox"/> Difficulties developing trust with clients; often imposes one's own biases. <input type="checkbox"/> Is not always aware of one's emotions and imposes treatment without much regard to therapeutic working alliance. <input type="checkbox"/> Is not aware of impact of self on clients.	<input type="checkbox"/> Generally good at developing empathy. <input type="checkbox"/> Is adequate in creating a safe environment and attempts to understand the problem from the client's perspective. <input type="checkbox"/> Is adequate in developing trust with clients but sometimes needs to keep biases in check. <input type="checkbox"/> Is developing the ability to control one's emotions. <input type="checkbox"/> Sometimes proceeds to treatment before trust is fully developed. <input type="checkbox"/> Is appropriately aware of impact of self on clients.	<input type="checkbox"/> Consistent demonstration of empathy. <input type="checkbox"/> Creates a safe environment by understanding the problem from the client's perspective. <input type="checkbox"/> Consistently in control of one's emotions and assesses for trust. <input type="checkbox"/> Is aware and uses impact of self on clients in treatment.
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 5: Treatment			
<input type="checkbox"/> Unable to apply any therapeutic principles.	<input type="checkbox"/> Poor knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Needs help in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Needs guidance in modifying the treatment process based upon therapeutic progress. <input type="checkbox"/> Needs assistance in understanding transference and countertransference issues. <input type="checkbox"/> Poor at case management-related issues. <input type="checkbox"/> Needs help in identifying appropriate termination and transition from treatment.	<input type="checkbox"/> Generally good knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Is adequate at explaining treatments to clients. <input type="checkbox"/> Good in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Good in modifying the treatment process by monitoring therapeutic progress. <input type="checkbox"/> Is gaining awareness of transference and countertransference issues. <input type="checkbox"/> Adequate at case management-related issues. <input type="checkbox"/> Good in developing a plan for termination with client to provide a transition from treatment.	<input type="checkbox"/> Demonstrates consistent knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Very good skills in explaining treatments in ways clients can understand. <input type="checkbox"/> Consistent in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Consistent in modifying the treatment process by monitoring therapeutic progress. <input type="checkbox"/> Has good awareness of transference and countertransference issues. <input type="checkbox"/> Good at case management-related issues. <input type="checkbox"/> Consistent in developing a plan for termination with client to provide a transition from treatment.
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard

****ONLINE FORM AS OF SPRING 2021****

CALIFORNIA STATE UNIVERSITY FULLERTON
Site Supervisor Final Evaluation of PCC/MFT Trainee

Comments required if student ranks 1 or 2:			
COMPETENCY 6: Human Diversity			
<input type="checkbox"/> Unable to understand the importance of issues of diversity.	<input type="checkbox"/> Needs help in identifying issues of diversity which impact the therapeutic environment. <input type="checkbox"/> Sometimes is unable to disentangle one's own values from client's values, which sometimes interferes with treatment strategies.	<input type="checkbox"/> Generally good at identifying issues of diversity which impact the therapeutic environment. <input type="checkbox"/> Is able to provide an unbiased therapeutic environment when client's values or beliefs are different from one's own views. <input type="checkbox"/> Can apply treatment strategies consistent with client's values, beliefs, and/or worldviews.	<input type="checkbox"/> Consistent at identifying issues of diversity which impact the therapeutic environment, including issues of gender, sexual orientation, culture, ethnicity, age, disability, and religious/faith beliefs on the therapeutic process. <input type="checkbox"/> Consistent at providing an unbiased therapeutic environment when client's values, beliefs, and/or worldviews are different from one's own views.
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 7: Law			
<input type="checkbox"/> Poor understanding of legal issues relevant to this clinical setting.	<input type="checkbox"/> Needs help in recognizing legal issues, managing mandated reporting requirements, and obtaining client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Does not always understand the reasoning behind the need for legal requirements. <input type="checkbox"/> Needs to be reminded of issues surrounding security of therapy records. <input type="checkbox"/> Is not very knowledgeable of laws relevant to practice.	<input type="checkbox"/> Adequately knowledgeable of legal issues relevant to this clinical setting. <input type="checkbox"/> Adheres to legal statutes, and generally understands and appropriately manages mandated reporting requirements with some assistance from supervisor. <input type="checkbox"/> Obtains client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Maintains security of clinical records. <input type="checkbox"/> Is developing knowledge of and follows law in clinical practice.	<input type="checkbox"/> Consistent knowledge of legal issues relevant to this clinical setting. <input type="checkbox"/> Adheres to legal statutes, and understands and appropriately manages mandated reporting requirements. <input type="checkbox"/> Obtains and understands the need for client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Maintains security of client therapy records. <input type="checkbox"/> Aware of and follows law in clinical practice.
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 8: Ethics			
<input type="checkbox"/> Poor understanding of ethical issues relevant to this clinical setting.	<input type="checkbox"/> Needs help in recognizing ethical issues arising in this clinical setting. <input type="checkbox"/> Needs reminders to inform clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Is not aware of one's scope of practice and attempts to treat all problems. <input type="checkbox"/> Needs reminders of appropriate therapeutic boundaries. <input type="checkbox"/> Has difficulty in identifying personal reactions/countertransference issues that could interfere with the therapeutic process and sometimes denies or disputes these issues when pointed out by supervisor.	<input type="checkbox"/> Generally good knowledge of ethical issues arising in this clinical setting. <input type="checkbox"/> Is able to inform clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Maintains appropriate therapeutic boundaries. <input type="checkbox"/> Is not always aware of one's scope of practice. <input type="checkbox"/> Sometimes needs help in identifying personal reactions/countertransference issues that could interfere with the therapeutic process, but can easily correct oversights in this area. <input type="checkbox"/> Together with supervisor, identifies personal limitations that require outside consultation.	<input type="checkbox"/> Demonstrates excellent knowledge of ethical issues arising in this clinical setting. <input type="checkbox"/> Consistently informs clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Maintains appropriate therapeutic boundaries. <input type="checkbox"/> Consistent at staying within scope of practice. <input type="checkbox"/> Consistent ability to identify personal reactions/countertransference issues that could interfere with the therapeutic process, and identifies personal limitations that require outside consultation.

****ONLINE FORM AS OF SPRING 2021****

CALIFORNIA STATE UNIVERSITY FULLERTON
Site Supervisor Final Evaluation of PCC/MFT Trainee

1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 9: Personal Qualities			
<input type="checkbox"/> Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Has demonstrated lapses in oral and written communication skills.	<input type="checkbox"/> Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Needs improvement in oral and written communication skills.	<input type="checkbox"/> Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Generally acceptable oral and written communication skills.	<input type="checkbox"/> Consistent demonstration of integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Consistently demonstrated good oral and written communication skills.
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 10: Professional Documentation			
<input type="checkbox"/> Does not adhere to deadlines and professional documentation standards	<input type="checkbox"/> Does not always maintain timely and orderly paperwork and sometimes skirts agency policies.	<input type="checkbox"/> Maintains timely and orderly paperwork and adheres to agency policies.	<input type="checkbox"/> Consistent maintenance of timely and orderly paperwork, and adherence to agency policies.
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 11: Professionalism			
<input type="checkbox"/> Does not demonstrate professionalism in the work setting.	<input type="checkbox"/> Appearance and attire is frequently inappropriate for agency setting. <input type="checkbox"/> Is inconsistent in punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Is not very aware of the need for self care.	<input type="checkbox"/> Appearance appropriate to agency setting. <input type="checkbox"/> Acceptable demonstration of punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Is developing the understanding of the importance of self care.	<input type="checkbox"/> Consistently demonstrates proper appearance appropriate to agency setting. <input type="checkbox"/> Consistently demonstrates punctuality and responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Has the ability to understand the need for self care as it relates to effective clinical practice.
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 12: Supervision			
<input type="checkbox"/> Resistant to supervision and does not make improvements after repeated input from supervisor.	<input type="checkbox"/> Needs to make better use of supervision. <input type="checkbox"/> Does not always come prepared to discuss cases or issues of concern. <input type="checkbox"/> Has difficulty in presenting full case conceptualizations. <input type="checkbox"/> Is somewhat resistant to supervisory input, and sometimes openly argues with supervisor's observations and/or suggestions.	<input type="checkbox"/> Does not always seek supervision when needed, preferring to wait until regularly scheduled supervisory sessions. <input type="checkbox"/> Comes prepared to supervision sessions, but sometimes needs prompting by supervisor to share concerns. <input type="checkbox"/> Is generally good at presenting full case conceptualizations but sometimes leaves relevant details out of presentation. <input type="checkbox"/> Is generally	<input type="checkbox"/> Seeks supervision when needed, comes prepared for supervision sessions, and openly shares concerns and ideas with supervisor. <input type="checkbox"/> Can present full case conceptualizations. <input type="checkbox"/> Consistently demonstrates openness to feedback and uses supervisory suggestions to make improvements when needed.

****ONLINE FORM AS OF SPRING 2021****

CALIFORNIA STATE UNIVERSITY FULLERTON
Site Supervisor Final Evaluation of PCC/MFT Trainee

		open to supervision and makes improvements when needed.	
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 13: Group Facilitation			
Needs much guidance in demonstration of group leadership skills (e.g., scanning, linking, summarizing), and numerous opportunities are missed. <input type="checkbox"/> Inadequate demonstration of ethical and diversity-sensitive skills. <input type="checkbox"/> Inadequate organization and quality of materials (e.g., handouts) and content is inadequately communicated.	Adequate demonstration of a few group leadership skills (e.g., scanning, linking, summarizing), although a number of opportunities are missed. <input type="checkbox"/> Adequate demonstration of ethical and diversity-sensitive skills. <input type="checkbox"/> Adequate organization and quality of materials (e.g., handouts) and content is adequately communicated.	Good demonstration of a few group leadership skills (e.g., scanning, linking, summarizing), even though some opportunities may be missed. <input type="checkbox"/> Good demonstration of ethical and diversity-sensitive skills. <input type="checkbox"/> Good organization and quality of materials (e.g., handouts) and content is well-communicated.	Outstanding demonstration of multiple group leadership skills (e.g., scanning, linking, summarizing). <input type="checkbox"/> Outstanding demonstration of ethical and diversity-sensitive skills. <input type="checkbox"/> Outstanding organization and quality of materials (e.g., handouts) and content is well-communicated.
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Comments required if student ranks 1 or 2:			
OVERALL ASSESSMENT			
1 <input type="checkbox"/> Fails to Meet Standard	2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard	4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard	6 <input type="checkbox"/> Exceeds Standard
Note: If student ranks 1 or 2 in Overall Assessment, supervisor needs to complete the three sections below identifying the specific competencies in need of further development and a specific plan for developing those competencies. In addition, supervisor needs to consult with student's Practicum instructor or the Director of Clinical Training.			

Areas of Strength:

Areas in Need of Further Development:

****ONLINE FORM AS OF SPRING 2021****
CALIFORNIA STATE UNIVERSITY FULLERTON
Site Supervisor Final Evaluation of PCC/MFT Trainee

Plans for Development or Remediation:

Consultation with school requested by clinical supervisor: No ☐ Yes ☐ Best day/time: _____

Signatures:

<hr/>	<hr/>
Student's Signature	Date

<hr/>	<hr/>
Supervisor's Signature	Date

<hr/>	<hr/>
CSUF Instructor Signature	Date

<hr/>	<hr/>
CSUF Director of Clinical Training Signature	Date

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Student Assessment of Clinical Training Site
***Effective Spring 2020 – Form is now an on-line survey**

Date: _____

Class: 530 _____ 584 _____ 590 _____ 591 _____ Spring _____ Fall _____ Sum _____

Agency Name: _____

Supervisor's Name: _____

On a scale of 1 to 5, (1 being poor and 5 excellent):

How would you rate your placement overall? (circle one)

1 2 3 4 5

How would you rate your learning experience? (circle one)

1 2 3 4 5

What would you most want to change about your placement, if anything?

Would you suggest this placement to other students in the future? Explain briefly.

What was the most valuable part of your experience at this placement?

How much contact did you have with individuals from various cultural backgrounds? How did you react?

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Student Evaluation of Site Supervisor

***Effective Spring 2020 – Form is now an on-line survey**

Class: 530 _____ 584 _____ 590 _____ 591 _____ Spring _____ Fall _____ Sum _____

Supervisor's Name: _____

Agency: _____ Date: _____

Directions: Please rate your supervisor on the following supervisory responsibilities according to the following scale: 5 = Outstanding; 4= Very good; 3= Acceptable; 2=Poor; 1=Unacceptable; or X=Insufficient information or not applicable.

These ratings will be anonymous unless you choose to sign your name. The information from these ratings will be used to provide feedback to supervisors when appropriate to facilitate as effective supervision as possible.

1	Explains his/her goals for supervision	1 2 3 4 5 X
---	--	-----------------------

Comments: _____

2	Explains his/her criteria for evaluating my performance	1 2 3 4 5 X
---	---	-----------------------

Comments: _____

3	Provides freedom to develop my own counseling style	1 2 3 4 5 X
---	---	-----------------------

Comments: _____

4	Helps me understand the theoretical approach I am using	1 2 3 4 5 X
---	---	-----------------------

Comments: _____

5	Helps me integrate theory and technique as needed	1 2 3 4 5 X
---	---	-----------------------

Comments: _____

6	Provides suggestions for improving my therapeutic skills	1 2 3 4 5 X
---	--	-----------------------

Comments: _____

7	Encourages me to experiment with different techniques	1 2 3 4 5 X
---	---	-----------------------

Comments:

Student Evaluation of Site Supervisor

8	Helps me develop treatment goals and plans	1	2	3	4	5	X
---	--	---	---	---	---	---	---

Comments:

9	Helps me with DSM-IV diagnosis when needed	1	2	3	4	5	X
---	--	---	---	---	---	---	---

Comments:

10	Helps me understand my strengths and weaknesses as a therapist	1	2	3	4	5	X
----	--	---	---	---	---	---	---

Comments:

11	Provides a comfortable setting for me to disclose my own concerns or "mistakes."	1	2	3	4	5	X
----	--	---	---	---	---	---	---

Comments:

12	Provides feedback in a clear and concise manner	1	2	3	4	5	X
----	---	---	---	---	---	---	---

Comments:

13	Manages our supervision hour efficiently	1	2	3	4	5	X
----	--	---	---	---	---	---	---

Comments:

14	Treats me with dignity and respect	1	2	3	4	5	X
----	------------------------------------	---	---	---	---	---	---

Comments:

15. Overall, how would you rate your supervision so far (circle one)?

Excellent Very good Average Poor Cannot rate at this time

16. What would you like your supervisor to do more of? Please be as specific as possible.

17. What would you like your supervisor to do less of? Please be as specific as possible.

Student Evaluation of Site Supervisor

Supervisor Name _____ Agency _____

18. Listed below are a variety of supervisory techniques. Please indicate which of these you have used and if used, how helpful they were in your supervision, using a rating from 1 to 5, with 5 being extremely valuable, 3 being of average value, and 1 being of little value. For one that have not been used, please indicate whether or not you would like to try that technique, conditions permitting.

A Verbal report of my sessions

Used: _____ 1 2 3 4 5

Not used: _____ Would like to try this _____ Would not like to try this _____

B Video-recording therapy sessions

Used: _____ 1 2 3 4 5

Not used: _____

C Audio-taping therapy sessions

Used: _____ 1 2 3 4 5

Not used: _____ Would like to try this _____ Would not like to try this _____

D Co-therapy with my supervisor

Used: _____ 1 2 3 4 5

Not used: _____ Would like to try this _____ Would not like to try this _____

E Observations of my session through a 1-way mirror

Used: _____ 1 2 3 4 5

Not used: _____ Would like to try this _____ Would not like to try this _____

F Supervisor present in session (observation and feedback during session)

Used: _____ 1 2 3 4 5

Not used: _____ Would like to try this _____ Would not like to try this _____

Are there any other comments you have concerning your supervision?

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

End of Semester Check-Out

Class: 530 ☐ 584 ☐ 590 ☐ 591 ☐ Spring ☐ Fall ☐ Year: [Click or tap here to enter text.](#)

Name of Student: [Click or tap here to enter text.](#)

Practicum Instructor: [Click or tap here to enter text.](#)

Date turned in to CTD*: [Click or tap here to enter text.](#)

(*within 2 weeks after grades are due)

Please check the following items off:

☐ Student Evaluation of Supervisor

(Anonymous survey sent to students via email by CT-verbal student acknowledgment)

☐ Student Evaluation of Agency

(Anonymous survey sent to students via email by CT-verbal student acknowledgment)

☐ Signed Supervisor Final Eval of Student

(Portal e-form as of 04/2021-instructor to track via email at designated due date)

☐ Signed Practicum Instructor Final Clinical Skills Eval

(Portal e-form as of 12/2020-students must review/sign on student portal)

☐ Signed Practicum Instructor Dispositions & Professionalism Eval

(Portal e-form as of 12/2020-students must review/sign on student portal)

☐ Signed Fieldwork Summary (Log) ____

(Electronic Form as of 05/2021-students must show completed PDF to instructor upon designated due date)

☐ Discussed disposal of confidential material

☐ Site visit completed Date of visit: [Click or tap here to enter text.](#)

NOTE: Please save the completed End of Semester Check-Out forms to the shared Dropbox folder. For ease of review/processing by the Fieldwork Coordinator, please use the following naming convention when saving your files to Dropbox: **Student Last Name, Student First Name, Name of Document (i.e. Folmer, Nicole End of Semester Check-Out).**

{Unsigned or inaccurate forms **cannot** be accepted by the Clinical Training Director and students should receive a grade of “Incomplete” for Practicum class until properly completed documentation has been received by the Practicum Instructor.}

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

COUN 530 e-FORM – 2 WEEK PROGRESS REPORT

Student Name:

Instructor Name:

Supervisor Name:

Dates covered for this review period:

Today's date:

Semester/Year:

Instructions: Please check the areas you are working on in this 2-week period with this student.

Professionalism:

Please check the areas you are working on in this 2-week period with this student.

- ☐ Interpersonal Appropriateness
- ☐ Ethical Decision-making
- ☐ Responsibility & Dependability
- ☐ Taking Supervision Well/Openness to Feedback

Please comment as necessary:

Skills:

Please check the areas you are working on in this 2-week period with this student.

- ☐ Assessment & Diagnosis
- ☐ Relationship Building
- ☐ Case Conceptualization
- ☐ Treatment Planning
- ☐ Documentation
- ☐ Termination & Referral

Please comment as necessary:

Student Development:

- ☐ Student is performing exceptionally well for their level of experience
- ☐ Student is performing adequately for their level of experience
- ☐ Student performance is below average with a few minor concerns
- ☐ Student performance shows serious concerns

Please comment as necessary:

NOTE: Please state any concerns you may have, so further contact can be initiated.

Your Name

800 N. State College Blvd., Fullerton, CA, 90803
562.315.8582 | dhart@fullerton.edu

EDUCATION

Bachelor of Arts in Psychology

California State University, Fullerton | August 2018 - May 2021

- Cumulative GPA: 3.87
- College of Social and Behavioral Sciences: Dean's List
 - ◊ Fall 2018 - Spring 2021 (all semesters)

Master of Science in Counseling

California State University, Fullerton (CSUF) | August 2021 – May 2024

- Current GPA: 3.96

EXPERIENCE

Office Manager

Ropak, LLC | July 2022 – Present

Bookstore Attendant

Titan Shops | December 2021 – July 2022

Research Assistant

California State University, Fullerton | February 2019 - May 2021
Group Work Lab with Jeffrey Kottler, Ph.D.

Resident Advisor

California State University, Fullerton | July 2019 - May 2021

SKILLS/TRAINING

Documentation

- Transcribe provider-patient interactions using SOAP format while following HIPPA guidelines in Urgent Care and virtual settings
- Document patients' relevant history, provider exam findings, lab results, and other relevant information
- Conduct quality assurance for SOAP notes documented for medical providers
- Facilitate efficiency of provider-patient interactions while adhering to provider preferences
- Document progress of newly hired scribes in training

Community Building

- Foster a supportive working environment for a diverse population of newly hired scribes
- Attended "Oppression Reduction" trainings to better support underserved and marginalized populations
- Performed routine mental health checks for 60+ dormitory residents
- Coordinated and conducted personalized one-on-one meetings with 60+ residents

CLINICAL TRAINING ORIENTATION QUICK NOTES

Paperwork

Please Turn in the Following Paperwork:

4-Way Agreement	CSUF On-line Form*
Declaration	CSUF On-line Form*
Participation	CSUF On-line Form*
Transportation/Storage of Confidential Client Data	CSUF On-line Form*
BBS Supervision Agreement	Copy**
Student Malpractice Insurance Proof of Coverage	Copy**

*You are responsible to obtain signatures from agency personnel and provide your own; we will obtain CSUF signatures.

*Please download and save copies of on-line CSUF forms for your own files. This will become important when you apply for your intern number and MFT/PCC license.

**You must upload these documents to your student portal within the first two weeks of class. Students may not begin seeing clients until the BBS Supervisor Responsibility Statement is signed and malpractice insurance is active.

Website Information

American Counseling Association (ACA)
www.counseling.org

Board of Behavioral Sciences (BBS)
www.bbs.ca.gov

California Association for Marriage and Family Therapists (CAMFT)
www.camft.org

Handbook

The Clinical Training handbook is available on the Counseling Homepage
<http://hhd.fullerton.edu/counsel/>

Other Contacts

David Hart, Ph. D.
Clinical Training Director
dhart@fullerton.edu
EC-484

Nicole Folmer, M. S.
Fieldwork Coordinator
nifolmer@fullerton.edu
EC-479 B