

# Counseling & Psychological Services at Florida State University

## Supervisor Reference Form

\*\*\*Please Type or Print the following information\*\*\*

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Applicant's Full Name

Dear Supervisor:

The applicant named above is applying to the Doctoral Practicum Training Program at Counseling and Psychological Services at Florida State University. To assist in the selection process, we would appreciate your candid assessment of the applicant's skills and readiness for participation in our training program. Please submit the completed form as an electronic attachment emailed to [tduck@fsu.edu](mailto:tduck@fsu.edu) by 4:00 PM on Monday, February 23rd, 2026 with the subject: Supervisor Reference Form - STUDENT NAME

**We would appreciate your brief response to the following questions:**

1. When did you supervise this student [semester and year]? \_\_\_\_\_

2. In which type of setting did you supervise the student [e.g. community mental health agency, school, practicum training center, etc. ]? \_\_\_\_\_

\_\_\_\_\_

3. What type[s] of presenting client issues did the student work with during practicum [e.g. anxiety, depression, substance abuse, etc. ]? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What was the primary method of supervision utilized during the practicum experience [e.g. weekly individual and/or group supervision, review of audio or video taped sessions, live observations of sessions, etc.]? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What are some clinical and professional strengths of the student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What are some of the clinical and professional areas of growth for the student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*Please continue on the next page\*\*\*

**Please rate the student on their knowledge and/or skills using the scale below:**

1 = No knowledge/skills or poorly developed knowledge/skills

3 = Average knowledge/skills

5 = Well-developed knowledge/skills

NA = Unable to rate

<b>Knowledge and Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
<i>Use of foundational counseling skills</i>						
<i>Knowledge of DSM-5</i>						
<i>Clinical assessment skills</i>						
<i>Skill in writing case notes</i>						
<i>Skills in building therapeutic rapport</i>						
<i>Skills in exploring client issues</i>						
<i>Skill in identifying treatment goals</i>						
<i>Crisis intervention skills (ie. risk assessment)</i>						
<i>Attending to diversity in clinical work</i>						
<i>Openness to discussing and increasing diversity competence</i>						
<i>Preparation for/use of supervision</i>						
<i>Openness to supervisory feedback</i>						
<i>Utilization of supervisory feedback</i>						
<i>Awareness of impact of self on others</i>						
<i>Ability to be self-reflective</i>						
<i>Case management skills</i>						
<i>Self-care and time management skills</i>						
<i>Knowledge of professional ethics and behavior</i>						

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Signature

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Date

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Academic Department/Agency

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Printed Name and Title

Thank you for your help in evaluating the applicant.

*Terri K. Duck, Ph.D*

Licensed Psychologist, Doctoral Practicum Training Coordinator

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