

University Counseling Center at Florida State University

Supervisor Reference Form

Please Type or Print the following information:

Applicant Name

Dear Supervisor:

The applicant named above is applying to the Master's Internship 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 Master's Internship Training Program. (This form may be completed by a current academic professor if the applicant has had no previous clinical training.)

We would appreciate your brief response to the following questions in the section below:

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

2. What type of setting did you supervise the student [e.g. community mental health agency, school, training center, etc.]? _____

3. What type[s] of presenting client issues did the student address during training [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. Other comments, areas of strength, growth edge: _____

Please continue on the next page

Please rate the student on their knowledge and competencies using the scale below:

Knowledge and Skills	1 None	2	3 Average	4	5 Well- Developed	? Unable to Rate
Knowledge of personality theory/psychotherapy						
Knowledge of DSM-5						
Clinical assessment skills						
Skill in writing case notes						
Relationship building skills						
Skills in exploring client issues						
Skills in exploring feeling and emotions						
Skill in exploring goals						
Responsiveness to non-verbal behavior						
Crisis intervention skills						
Skill in timing of interventions						
Knowledge of community resources						
Openness to feedback and utilization of feedback						
Knowledge of self						
Involvement in supervision/self-direction						
Case management skills						
Knowledge of professional ethics and behavior						

Please sign, date and forward the completed form to:

Katherine Strauss, LCSW
 Assistant Training Director
 Counseling and psychological Services | Florida State University
 P.O. Box 3064175 | 942 Learning Way, Suite 250 | Tallahassee, FL 32306-4175
 Submission via email is preferred: ks22cc@fsu.edu

Signature _____ Date _____

Printed Name and Title _____ Academic Department/Agency _____