Counseling & Psychological Services at Florida State University Supervisor Reference Form

Please <u>Type</u> or <u>Print</u> the following information:

Applicant's 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. Please note that this form must be received by March 6 th at 12 pm. (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:
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/o group supervision, review of audio or video taped sessions, live observations of sessions, etc.]?
5. Other comments, areas of strength, growth edge:

Please rate the student on his/her knowledge and competencies using the scale below: 4 ? <u>3</u> No knowledge/skills Well-developed Unable Average or poorly developed knowledge/skills knowledge/skills to rate knowledge/skills **Knowledge and Skills** 1 2 3 4 5 **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/utilization of feedback **Knowledge of self Involvement in** supervision/self-direction Case management skills **Knowledge of professional** ethics and behavior Thank you for your help in our selection of applicants for the Master's Internship training experience at Counseling and Psychological Services at Florida State University. Please sign, date and forward the completed form to: Julia Coelho, LMHC **Masters Internship Coordinator Counseling and Psychological Services** Florida State University 942 Learning Way, Suite 250 P.O. Box 3064175 YOU MAY ALSO SEND FORM AS AN ELECTRONIC ATTACHMENT TO jcoelho@fsu.edu Tallahassee, FL 32306-4175

Date

Printed Name and Title

Signature

Academic Department/Agency