

Counseling & Psychological Services at Florida State University

Supervisor Reference Form

Please Type or Print the following information

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 note that this form must be received by February 23, 2024 by 4:00 pm.** Please submit the completed form as an electronic attachment emailed to tduck@fsu.edu ATTN: Practicum Selection Committee

We would appreciate your brief response to the following questions:

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, 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

