**University Counseling Center at Florida State University**

**Supervisor Reference Form**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name

Dear Supervisor:

The applicant named above is applying to the Practicum Training Program in the University Counseling Center at Florida State University. To assist in the selection process, we would appreciate you candid assessment of the applicant’s skills and readiness for participation in our Practicum Training Program. **Please note that this form must be received by May 11th at 5:00 pm.**

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, practicum training center, etc. ]?

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

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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.]?

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5. Other comments, areas of strength, growth edge:

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

**Revised 02/01/17**

Please rate the student on his/her knowledge and competencies using the scale below: **1 2 3 4 5 ?**

No knowledge/skills Average Well-developed Unable

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 practicum training experience in the University Counseling Center at Florida State University. Please sign, date and forward the completed form to:

**Attention: Masters Training Committee**

**C/O Lindsey Kaempfer, LMHC, BCBA, ATR**

**The University Counseling Center**

**Florida State University**

**942 Learning Way, Suite 250**

**P.O. Box 3064175**

**Tallahassee, FL 32306-4175 YOU MAY ALSO SEND FORM AS AN ELECTRONIC ATTACHMENT TO** lkaempfer@fsu.edu

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**Signature Date Academic Department/Agency**

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**Printed Name and Title Revised 02/08/18**