

**ASU COUNSELING SERVICES**  
**Arizona State University**  
**SUPERVISOR REFERENCE FORM**

\_\_\_\_\_  
Applicant's Name

Dear Supervisor:

The applicant named above is applying to the ASU Counseling Services (ASU CS) Practicum Training Program for the 2015-2016 academic year. To assist in the selection, we would appreciate your candid assessment of the applicant's skills and readiness for participation in our advanced training program. **Please note that this form must be received by January 31<sup>st</sup>, 2015.**

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. Type of setting (e.g., community mental health agency, school, practicum training center, etc.).

\_\_\_\_\_

\_\_\_\_\_

3. Type(s) of client issues (e.g., adults presenting with substance abuse issues, etc.).

\_\_\_\_\_

\_\_\_\_\_

4. The primary method of supervision (e.g., weekly individual and/or group supervision, review of audio or video taped sessions, live observation of sessions, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TURN OVER FOR QUESTIONS ON THE REVERSE SIDE**



Please rate the student on his/her knowledge and competencies using the scale below. (We would expect that most students, at this stage in their training, would fall in the average range)

1                      2                      3                      4                      5                      ?  
 No knowledge/skill      Average      Well developed      Unable to rate  
 or poorly developed      knowledge/skill      knowledge/skill  
 knowledge/skills

Knowledge and Skills	1	2	3	4	5	?
Knowledge of personality theory/psychotherapy						
Knowledge of DSM-IV-TR						
Clinical assessment skills						
Skill in writing case notes						
Relationship building skills						
Skill in exploring client issues						
Skill in exploring feelings 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						

Other comments/ areas of strength:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your help in our selection of practicum students for the upcoming year. We look forward to continuing our efforts in support of students and the academic programs they represent.

Please sign, date, and forward ATTENTION: Practicum Training Lead, Dr. Sonya K. Bettendorf, Arizona State University Counseling Services, P.O. Box 871012, Tempe, AZ 85287-1012. (ASU Mail Code 1012).

**YOU CAN ALSO SEND AS AN ELECTRONIC ATTACHMENT to [sonya.bettendorf@asu.edu](mailto:sonya.bettendorf@asu.edu).**  
**Please type name in signature line, below.**

\_\_\_\_\_  
 Signature                                      Date                                      Academic Department/Agency

\_\_\_\_\_  
 Printed Name and Title