



**Department of Counseling & Student Affairs
Practicum in College & Career Readiness
Portfolio Checklist**

Student Information

Name _____ WKU ID (800#) _____
Term & Year _____

Practicum Portfolio Checklist

A WKU Practicum Portfolio must be maintained throughout the semester. You are responsible for submitting the following completed and signed documents from the current term as a single electronic pdf file and emailed to both the group supervisor and Clinical Coordinator in order to receive a passing grade for the course. The portfolio should include the following documents in the order in which they are listed:

- ☐ Practicum Portfolio Checklist (this form)
- ☐ Practicum Site and Supervision Contract
- ☐ Site Information Form (part of the contract; see approved sites webpage for SIF)
- ☐ Weekly Hours Logs (for each week signed weekly)
- ☐ Total Hours Summary Log
- ☐ Site Supervisor Midterm Evaluation (completed by Site Supervisor)
- ☐ CCR Self-Reflection Scale Midterm (completed by student)
- ☐ Site Supervisor Final Evaluation (completed by Site Supervisor)
- ☐ CCR Self-Reflection Scale Final (completed by student)
- ☐ Intern Evaluation of Supervisor (completed by student)
- ☐ Intern Evaluation of Site (completed by student)
- ☐ Copy of malpractice insurance (if required by your site)



Department of Counseling & Student Affairs
Practicum in College & Career Readiness
Site & Supervision Contract

Student Information

Name	_____	WKU ID (800#)	_____
Topper Email	_____	Phone	_____
Program	_____	Faculty Advisor	_____

Clinical Term & Site Information

Practicum Term	Spring	Year	_____
Contract Dates: From	_____	To	_____
Site Name	_____		
Site Supervisor	_____		
Faculty Supervisor	_____		

Practicum Site & Supervision Contract Checklist

In order for this contract to be considered complete, submit all of the following documents electronically.

- ☐ Complete and submit *Practicum Site & Supervision Form* (this form)
- ☐ Download & attach a copy of the *Site Information Form*; review this form for accuracy and have the site supervisor update it if necessary. This will provide the details of your site and site supervisor information to accompany this contract.
- ☐ Attest that you have reviewed the full CNS 503 syllabus and are familiar with the roles and responsibilities of the practicum student, faculty group supervisor, site supervisor, and clinical coordinator.
- ☐ Confirm that you have read and will comply with the Department policy on [Security of Media](#) (Video and Audio) to meet HIPAA standards.

Intern's Signature

Date

Site Supervisor's Signature

Date

Faculty Supervisor's Signature

Date

Clinical Coordinator's Signature

Date



Department of Counseling & Student Affairs
Practicum in College & Career Readiness
CCR Site Information Form

Agency Information

Agency Name
(& program name)

Physical address
(street, city, state, zip)

Phone

Website

Description of the site and CCR counseling/coaching opportunities during practicum

Characteristics of the population receiving services at this site

Primary CCR counseling/coaching strategies used at this site

Professional development opportunities available at this site

Days and times facility is open for students to see clients

Directions to site

Application instructions including site representative contact information

Practicum Requirements Met

Indicate the site requirements that your agency will be able to accommodate.

Yes No

Direct & Indirect Hours

Throughout practicum, students must complete at least 100 total clock hours over the semester (minimum 7 hours on site weekly). At least 40 clock hours must be in direct service with actual students/clients that contributes to the development of their CCR skills.

☐ ☐

Video Recording

Students are required to video tape their work to show during individual and group supervision.

Students may videotape and show their sessions with clients.

☐ ☐

Students may audiotape and show their sessions with clients.

☐ ☐

Audio/videotaping equipment is available onsite for intern use
(if No, interns must provide their own equipment).

☐ ☐

Clinical Supervision

A qualified site supervisor is available to provide individual/triadic supervision for at least 1 hour each week, provide regular feedback to interns, complete midterm and final evaluations, and consult with faculty supervisors as necessary.

☐ ☐

Site Supervisor

Site Supervisors must be appropriately experienced relevant to CCR issues.

Name		Highest earned degree	
Job title		Licenses/Certifications	
Work phone		License number & date	
Work email		Years of CCR related experience	

Professional experiences (minimum 2 years required)

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Supervision training and experiences

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Form completed by

Date completed

--	--

Please return this form and direct questions to the CCR Faculty Supervisor.



Department of Counseling & Student Affairs
Practicum in College & Career Readiness
CCR Site Supervisor Evaluation

Student's Name _____ Term & Year _____
Site Supervisor _____ Dates of Evaluation _____

Directions: At mid-term and the conclusion of each semester, please rate the student on the following skills and abilities according to the following scale:

- (1) Need continued practice: no skill, unhelpful or not well-timed skills
- (2) Developing skill: somewhat helpful, missed many opportunities
- (3) Well developed: helpful and well-timed skill when performed, but not consistently smooth
- (4) Highly developed: helpful, well-timed, and consistently well-performed skill
- (NA) Insufficient experience to judge

Attending	1	2	3	4	NA
Body Language & Appearance. Maintain open, relaxed, attentive, confident posture. Wears professional attire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Contact. Maintain appropriate eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocal Tone. Use vocal tone that communicates caring and connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimal Encouragers. Use verbal (e.g., uh huh, okay, right, yes) and nonverbal (e.g., nods, body gestures) skills to let the student* know you heard them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Silence. Use silence in a helpful way to encourage student to talk and process their thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Tracking. Stay on topic. Repeats key words or phrases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selective Attending. Selectively attend to key aspects of their communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focusing. Stay with topic as long as productive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation Skills. Notice nonverbal language and gestures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Basic Listening	1	2	3	4	NA
Encouraging Student/Client to Talk. Use statements (e.g., describe... tell me more..., etc.) to encourage expansion and clarification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflection – Basic Empathy. Use statements to attend to <i>expressed</i> emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflection – Advanced Empathy. Use statements to identify <i>implied</i> emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraphrasing (Reflection of Content). Engage in brief, accurate, & clear rephrasing of content expressed to check for accuracy of your interpretation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarizing. Summarizes at key moments to capture the overall sense of what the student has been expressing over time (content and emotions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenging/Pointing out Discrepancies. Express observations of discrepancies between non-verbals and verbals, plans and behavior, desires and actions (e.g., they say one thing but do another).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*student refers to the primary clients; however, it can also refer to work with a client, parent, other professionals, etc.

CCR-Related Content	1	2	3	4	NA
Identifying Key Content. Identifies primary student CCR concerns and other relevant concerns. Clarifies with the student for accuracy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observing Themes and Patterns. Identify more overarching patterns of student's thoughts or behaviors that may be related to the CCR concern ("In _____ situations, you regularly do _____ [or think _____ or feel _____] which seems to lead to _____ which causes you problems.")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploring Meaning and Values. Use questions to explore meanings; use statements to highlight key meaning and value words of the student that can allow them to gain helpful insights and clarity about their situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contextual Background. Understands the student's background including their demographics, culture, family, and other factors affecting their decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing. Understands what the student presents but is able to step back and develop an insightful assessment of their situation on a larger scope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal Setting. Helps the student identify realistic and achievable short and long term goals given their concerns, barriers, resources, and motivations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Critique. Ability to honestly explore lessons learned, areas for improvement, personal thoughts or feelings, and self-care practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Feedback. Willing to request, hear, and apply feedback to enhance the work with students/clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and Application. Has a solid CCR knowledge with the ability to apply it in individual or group sessions with students, clients, parents, and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the intern's areas of strength?

In what areas does the intern need to continue growing?

What is your plan to help them improve on the areas for needed growth?

Student Counselor Signature _____ Date _____

Site Supervisor Signature _____ Date _____

Site Supervisor Signature _____ Date _____

Intern's signature indicates that they have read the above report and have discussed the content with the site supervisor. It does not necessarily indicate that they agree with the report in part or in whole.



Department of Counseling & Student Affairs
Practicum in College & Career Readiness
CCR Self-Reflection Scale

Student's Name _____ Term & Year _____
Faculty Supervisor _____ Dates of Evaluation _____

Directions: Please rate yourself on the following skills and abilities according to the following scale:

- (1) Need continued practice: no skill, unhelpful or not well-timed skills
- (2) Developing skill: somewhat helpful, missed many opportunities
- (3) Well developed: helpful and well-timed skill when performed, but not consistently smooth
- (4) Highly developed: helpful, well-timed, and consistently well-performed skill
- (NA) Insufficient experience to judge

Attending	1	2	3	4	NA
Body Language & Appearance. Maintain open, relaxed, attentive, confident posture. Wears professional attire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Contact. Maintain appropriate eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocal Tone. Use vocal tone that communicates caring and connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimal Encouragers. Use verbal (e.g., uh huh, okay, right, yes) and nonverbal (e.g., nods, body gestures) skills to let the student* know you heard them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Silence. Use silence in a helpful way to encourage student to talk and process their thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Tracking. Stay on topic. Repeats key words or phrases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selective Attending. Selectively attend to key aspects of their communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focusing. Stay with topic as long as productive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation Skills. Notice nonverbal language and gestures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Basic Listening	1	2	3	4	NA
Encouraging Student/Client to Talk. Use statements (e.g., describe... tell me more..., etc.) to encourage expansion and clarification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflection – Basic Empathy. Use statements to attend to <i>expressed</i> emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflection – Advanced Empathy. Use statements to identify <i>implied</i> emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraphrasing (Reflection of Content). Engage in brief, accurate, & clear rephrasing of content expressed to check for accuracy of your interpretation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarizing. Summarizes at key moments to capture the overall sense of what the student has been expressing over time (content and emotions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenging/Pointing out Discrepancies. Express observations of discrepancies between non-verbals and verbals, plans and behavior, desires and actions (e.g., they say one thing but do another).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*student refers to the primary clients; however, it can also refer to work with a client, parent, other professionals, etc.

CCR-Related Content	1	2	3	4	NA
Identifying Key Content. Identifies primary student CCR concerns and other relevant concerns. Clarifies with the student for accuracy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observing Themes and Patterns. Identify more overarching patterns of student's thoughts or behaviors that may be related to the CCR concern ("In _____ situations, you regularly do _____ [or think _____ or feel _____] which seems to lead to _____ which causes you problems.")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploring Meaning and Values. Use questions to explore meanings; use statements to highlight key meaning and value words of the student that can allow them to gain helpful insights and clarity about their situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contextual Background. Understands the student's background including their demographics, culture, family, and other factors affecting their decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing. Understands what the student presents but is able to step back and develop an insightful assessment of their situation on a larger scope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal Setting. Helps the student identify realistic and achievable short and long term goals given their concerns, barriers, resources, and motivations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Critique. Ability to honestly explore lessons learned, areas for improvement, personal thoughts or feelings, and self-care practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Feedback. Willing to request, hear, and apply feedback to enhance the work with students/clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and Application. Has a solid CCR knowledge with the ability to apply it in individual or group sessions with students, clients, parents, and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

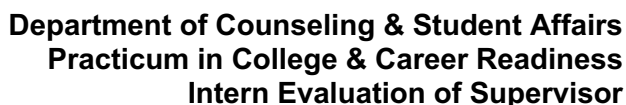
What are your areas of strength?

In what areas do you need to continue growing?

What is your plan for improving on your areas for needed growth?

Student Counselor Signature _____ Date _____

Faculty Supervisor Signature _____ Date _____



Directions: Complete this form to: (1) to provide feedback for improving supervision; (2) provide insight to the department faculty about the effectiveness of site supervisors; and (3) to encourage communication between the supervisor and the intern. Please rate the supervisor based on how you felt about the supervision received according to the following scale:

- [illegible]

	1	2	3	4	5	NA
Helps me develop increased skill in critiquing and gaining insight from my CCR counseling/coaching tapes and case reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allows and encourages me to evaluate myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explains his/her criteria for evaluation clearly and in behavioral terms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies his/her criteria fairly in evaluating my performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and suggestions about the supervisor (i.e., strengths, areas for growth)

*You are **not** required to share this with your site supervisor. However, you are encouraged to provide them with this evaluation or ongoing feedback throughout the semester as issues arise.*

Intern Signature _____ Date _____

Site Supervisor (Optional) _____ Date _____

* Adapted from Boylan, Malley, & Petty Reilly (2001). Printed by permission from Dr. Harold Hackney, Assistant Professor, Purdue University. This form was designed by two graduate students based upon material drawn from Counseling Strategies and Objectives by H. Hackney and S. Nye, Prentice-Hall, Englewood Cliffs, NJ, 1973. This form originally was printed in Chapter 10 of the Practicum Manual for Counseling and Psychotherapy by K. Dimick and F. Krause, Accelerated Development, Muncie, IN, 1980.



Directions: Complete this form to provide insight to the department faculty about the effectiveness and experiences of your site. Please rate the site based on your experiences and opportunities according to the following scale:

- [illegible]

[illegible]

Comments and suggestions about the site (i.e., strengths, areas for improvement)

*You are **not** required to share this with your site supervisor. However, you are encouraged to provide them with this evaluation or ongoing feedback throughout the semester as issues arise.*

Intern Signature _____ Date _____

Site Supervisor (Optional) _____ Date _____

* Adapted from Boylan, Malley, & Petty Reilly (2001).

Case Presentation 1 Template: Client Intake & Case Notes

Date	Age
Student*	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> Other
CCR Intern (you)	Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other
Referral source	SES <input type="checkbox"/> Low <input type="checkbox"/> Mid <input type="checkbox"/> High <input type="checkbox"/> Unknown

* do not use student's real name for class assignment

Student's Current Education / Employment Information

Student <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No	Current grade level
Educational goals <input type="checkbox"/> GED <input type="checkbox"/> H.S. <input type="checkbox"/> Trade <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> Grad	Trade or profession goals <input type="checkbox"/> Trade <input type="checkbox"/> Training complete <input type="checkbox"/> Profession <input type="checkbox"/> In progress
Military goals <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> No <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	List trade or profession
Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No	Current job
Employment issues <input type="checkbox"/> Yes <input type="checkbox"/> No (describe below)	\$ Responsibility <input type="checkbox"/> Self only <input type="checkbox"/> Support others
Legal issues <input type="checkbox"/> Yes <input type="checkbox"/> No (describe below)	Other issues <input type="checkbox"/> Yes <input type="checkbox"/> No (describe below)

Comments:

Family / Social Relationships (check all that apply)

Parent's Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Partnered <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Remarried/Repartnered	
Parent 1 Highest Education Completed <input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED <input type="checkbox"/> H.S. <input type="checkbox"/> Trade <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> Grad	Parent 2 Highest Education Completed <input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED <input type="checkbox"/> H.S. <input type="checkbox"/> Trade <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> Grad
Parent 1 job	Parent 2 job
Parent 1 goals <input type="checkbox"/> College <input type="checkbox"/> Career <input type="checkbox"/> Other	Parent 2 goals <input type="checkbox"/> College <input type="checkbox"/> Career <input type="checkbox"/> Other
Stable living <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Financial support <input type="checkbox"/> College <input type="checkbox"/> Career <input type="checkbox"/> None

Describe the personal relationship with each of the following people as it relates to their CCR goals?

0 Non-existent, 1 Challenged, 2 Mixed, 3 Supportive/close, Not applicable | Frequency: Daily, Weekly, Monthly, Yearly, Rarely, Never

	0	1	2	3	N	D	W	M	Y	R	N		0	1	2	3	N	D	W	M	Y	R	N
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most supportive relationships _____

Most challenging relationships _____

Scaling Questions

Worst 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 Best

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participation

- ☐ Active
- ☐ Minimal
- ☐ None

Progress

- ☐ Strong progress
- ☐ Some progress
- ☐ Stable
- ☐ Regression
- ☐ None
- ☐ Other:

Participation Quality

- ☐ Attentive
- ☐ Sharing
- ☐ Supportive
- ☐ Intrusive
- ☐ Monopolizing
- ☐ Resistant
- ☐ Distracted
- ☐ Other:

Affect

- ☐ Appropriate
- ☐ Hyper-Active
- ☐ Excited
- ☐ Anxious
- ☐ Depressed
- ☐ Elated
- ☐ Drowsy
- ☐ Flat
- ☐ Other:

Student Insight

- ☐ Good
- ☐ Minimal
- ☐ None

CCR Issues Addressed

- ☐ Exploration
- ☐ Career decisions
- ☐ Career assessment
- ☐ Career planning
- ☐ Job preparation
- ☐ Networking
- ☐ Internship/Job shadow
- ☐ Interview prep
- ☐ College decisions
- ☐ College preparation
- ☐ College application
- ☐ Financial aid
- ☐ Goal setting
- ☐ Boundary setting
- ☐ Family/friend issues
- ☐ Financial concerns
- ☐ Other:

Summary

Note: In the Summary box above, clarify any relevant aspects of the client's background not addressed or accurately explained in the checkboxes above. Briefly describe the student's primary CCR-related concern and other concerns that may impact that, your assessment of their situation, the CCR Goals developed, and anything that will limit or support their success. This should be 2-3 brief paragraphs; see the full case presentation template to guide your thinking for each area.



**Department of Counseling & Student Affairs
Practicum in College & Career Readiness
Information and Consent Document**

Permission to Videotape

I, _____, hereby grant my permission for _____, an intern in the Department of Counseling and Student Affairs at Western Kentucky University, to record the session on tape.

I understand the following:

- My participation is voluntary.
- My identity will not be revealed.
- The tape will be used for training purposes only.
- The professor(s) and/or other trainee(s) who hear (or see) this are bound by ethical code not to discuss the tape outside of the training setting.
- The student who conducts this session is bound by ethical code not to discuss this tape outside of the training/educational setting.

With my additional permission, the professor may choose to keep the tape for future training purposes.

I release and discharge the Western Kentucky University and the intern conducting the session from any liability arising from the taping of the session.

Student/Client's Signature

Date

Student/Client's Signature

Date

Intern's Signature

Date



Department of Counseling & Student Affairs
Practicum in College & Career Readiness
Plan of Action for Course Completion

Student Information

Name	_____	WKU ID (800#)	_____
Home Phone	_____	Cell Phone	_____
Topper Email	_____	Other Email	_____
Program	_____	Faculty Advisor	_____

Current Practicum Information

Site Name	_____		
Site Supervisor	_____	Faculty Supervisor	_____

Describe your reasons for seeking an Incomplete

Describe your intentions for finishing the course

Describe how you will follow through with your Site Supervisor

Upon submitting this form, I understand the following:

1. I must send this form electronically to my faculty supervisor/instructor and Clinical Coordinator.
2. I must schedule and meet with my Faculty Supervisor/Instructor to discuss my request.
3. My Faculty Supervisor/Instructor is not required to accept the terms for an Incomplete. In such cases, I will be assigned a grade for my completed work.

Intern Signature

Date

Site Supervisor Signature

Date

Faculty Supervisor Signature

Date