



SCHOOL OF GRADUATE &
PROFESSIONAL STUDIES

Master of Arts in Counseling Professional Practice Form

Internship Site Supervisor Tape Review - CLIP

Student Name: _____

Clip Review

After viewing a portion of a session on tape, please complete the following:

- | | |
|---|---|
| <input type="checkbox"/> establishing the therapeutic relationship | <input type="checkbox"/> counseling style development |
| <input type="checkbox"/> using concreteness | <input type="checkbox"/> student's self-awareness |
| <input type="checkbox"/> confronting appropriately | <input type="checkbox"/> warmth |
| <input type="checkbox"/> insight into client/counselor relationship | <input type="checkbox"/> empathy |
| <input type="checkbox"/> use of questions | <input type="checkbox"/> genuineness |
| <input type="checkbox"/> understanding of client's reality | <input type="checkbox"/> ability to offer respect |
| <input type="checkbox"/> opening/closing of sessions | <input type="checkbox"/> use of silence |
| <input type="checkbox"/> goal setting | <input type="checkbox"/> termination |
| <input type="checkbox"/> summarizing | <input type="checkbox"/> other: |
| <input type="checkbox"/> clarifying | <input type="checkbox"/> other: |

SUPERVISOR FEEDBACK:

Supervisor Signature

Date