



SCHOOL OF GRADUATE &  
PROFESSIONAL STUDIES

*Master of Arts in Counseling*  
*Professional Practice Form*  
Practicum 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