



TO: Supervisors of Group Counseling
 FROM: Professional Counseling Program, University Professor Name, email and phone
 Counseling, Leadership, Adult Education and School Psychology
 601 University Drive
 San Marcos, TEXAS 78666
 Program Administrative Assistant: 245-2575

_____ is an advanced graduate student in our Professional Counseling Program and is currently enrolled in *COUN 5689, Clinical Practicum*. This Clinical Practicum experience includes counseling clients under my supervision in our *Assessment and Counseling Clinic* at the San Marcos/Round Rock campus and attending a group supervision seminar. As part of the requirements for the course, our students are also required to participate as a co-leader of a counseling group. This student is seeking your permission to participate with you in co-leading a group for 20 hours during this semester.

The student's role is to support you, to participate in planning and implementing group techniques and intervention strategies, to take part in preparing progress notes, and to receive feedback from you on his/her counseling skills when co-facilitating the actual group. Attached you will find an evaluation checklist to facilitate the evaluation process and I ask that you complete it with the student as a means of providing specific feedback. If issues arise that are of concern to you or the student, please inform me as soon as possible so that instructional, administrative, or remediation actions may be accomplished. I may be reached at the university via email or at the phone numbers listed above.

As you know, counseling skills cannot all be learned from reading, discussion, or observation. Students pursuing this co-facilitation experience are advanced graduate students who have completed foundational course requirements, a group process course, a basic skills course, and an intermediate methods course and are ready, under supervision, to practice their group counseling skills with clients this semester.

Please sign and return this consent to supervise, along with documentation of your professional licensure or certification and documentation of liability insurance protection. The student is required to carry their own liability insurance, as are the professors who are duly licensed professionals in the State of Texas.

We very much appreciate your willingness to contribute to our student's professional development. If I may be of assistance to you anytime throughout the semester, please let me know.

Printed Name _____

Licensure/Certification No. _____

Agency Name and address: _____

Email: _____ Phone: _____

Signature, Group Co-Leader _____ Date _____





GROUP CO-LEADER RATING FORM

Student: _____ Date: _____

DATES AND TIMES OF SESSIONS: _____

SUPERVISOR (NAME AND LOCATION): _____

PLEASE CIRCLE YOUR BEST RESPONSE

THE STUDENT...

1. WAS PREPARED FOR SESSIONS AND TASKS.

ALWAYS MOST OF THE TIME SOME OF THE TIME RARELY NEVER

2. WAS PROMPT FOR BOTH COUNSELING AND SUPERVISION SESSIONS.

ALWAYS MOST OF THE TIME SOME OF THE TIME RARELY NEVER

3. BEHAVED IN AN ETHICAL AND PROFESSIONAL MANNER.

ALWAYS MOST OF THE TIME SOME OF THE TIME RARELY NEVER

4. SEEMED PROFESSIONALLY TRAINED AND MET THE TASKS OF A BEGINNING COUNSELOR.

ALWAYS MOST OF THE TIME SOME OF THE TIME RARELY NEVER

PLEASE WRITE ANY ADDITIONAL COMMENTS BELOW.

Signature _____ Date _____