**CP FORM 1**

**MOI UNIVERSITY**

**Department of Sociology, Psychology and Anthropology**

**Client initial Assessment Form**

**Student counsellor’s name…SHEIKH ABDULGHANI NOOR Reg no…CP/30/19**

**Case Number… Date of intake…**

**Client Code… Practicum Site…MTRH**

1. **Client’s demographic information (gender, age, number of siblings, marital status etc. Allow the client to share what s/he is comfortable with).**

**Gender: Age:**

**Marital status:**

1. **Relevant history concerning previous counselling treatment( if any)**
2. **The current situation (allow the client to share whatever has brought him/her for therapy).**
3. **What is your initial assessment of the client; cognitively, emotionally, socially and physically in relation to his/her concerns?**

**CP FORM 2**

**Individual Treatment Plan Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
|  |  |  |  |  | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**

**Goal(s) for therapy**

**Interventions (state theories used)**

**Plans for next session**

**Student Counsellor’s signature… Date…**

**CP FORM 3**

**CLIENT LOG FORM**

**SUMMARY OF CLIENT CONTACT HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GROUP CODE** | **DATE:**  **FROM** | **DATE:**  **TO** | **No. OF SESSIONS** | **No. OF HOURS** | **PRESENTING CONCERNS AND MAIN ISSUES EXPLORED** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**TOTAL HOURS… COLLECTIVE HOURS…**

**STUDENT COUNSELLOR’S SIGNATURE… DATE…**

**SITE SUPERVISOR’S NAME… SIG… DATE…**

**UNIVERSITY SUPERVISOR’S NAME… SIG… DATE…**

**CP FORM 4**

**Initial Assessment Form for Groups**

**Case Number… Date of intake…**

**Group Code… Practicum Site…MTRH**

**Group demographic information (type of group)**

**The current situation (allow the group to share whatever brought them for therapy).**

**What is your initial assessment of the group; cognitively, emotionally, socially and physically in relation to their concerns**?

**CP FORM 5**

**Group Treatment Plan Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Group Code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
|  |  |  |  |  | MTRH |

**Group’s Concerns(Issue bringing them for therapy)**

**Goal(s) for therapy**

**Interventions (state theories used)**

**Plans for next session (If any)**

**Student Counsellor’s signature… Date…**

**CP FORM 6**

**GROUP LOG FORM**

**SUMMARY OF GROUP CONTACT HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GROUP CODE** | **DATE:**  **FROM** | **DATE:**  **TO** | **No. OF SESSIONS** | **No. OF HOURS** | **PRESENTING CONCERNS AND MAIN ISSUES EXPLORED** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**TOTAL HOURS… COLLECTIVE HOURS…**

**STUDENT COUNSELLOR’S SIGNATURE… DATE…**

**SITE SUPERVISOR’S NAME… SIG… DATE…**

**UNIVERSITY SUPERVISOR’S NAME… SIG… DATE…**

**CP FORM 7**

**MOI UNIVERSITY**

**Department of Sociology, Psychology and Anthropology**

**BSc Counselling Psychology Evaluation Form**

**SITE SUPERVISOR’S ASSESSMENT TOOL**

**Supervisee’s Name………………………………………….Reg no……………………………..**

**Agency…………………………………………………………………………………………….**

**\*\*This section is scored out of 30 with each question having a maximum of 1mark**

|  |  |  |
| --- | --- | --- |
|  | **PROFESSIONAL CONDUCT** | **Marks** |
| 1 | Maintains confidentiality of client’s records |  |
| 2 | Manages time effectively |  |
| 3 | Operates within areas of expertise and refers where applicable |  |
| 4 | Is aware of legal issues affecting clients |  |
| 5 | Consults with colleagues on ethical issues |  |
| 6 | Demonstrate respect for the individual and authority |  |
| 7 | Protects the client at all levels |  |
| 8 | Demonstrates integrity by adhering to professional values |  |
| 9 | Displays professional demeanour and language |  |
| 10 | Operates within organizational guidelines |  |
|  | **Sub-total** |  |
|  | **REFLECTIVE PRACTICE** |  |
| 1 | Reflects on practice and mindfully recognizes impact of self on others. |  |
| 2 | Maintains appropriate therapist-client boundaries. |  |
| 3 | Understands own impact on clients in a therapeutic relationship. |  |
| 4 | Is willing to admit mistakes with minimal defensiveness. |  |
| 5 | Provides helpful feedback and critique to others |  |
| 6 | Is sensitive to the needs and strengths of peers. |  |
| 7 | Demonstrates awareness of competencies and self monitors own performance |  |
| 8 | Identifies areas for further improvement |  |
| 9 | Completes case documentation accurately |  |
| 10 | Takes appropriate care of self and is aware of own needs. |  |
|  | **Sub-total** |  |
|  | **INTERPERSONAL RELATIONSHIPS** |  |
| 1 | Is eager to benefit from others in skills development |  |
| 2 | Solicits feedback from supervisor |  |
| 3 | Forms and maintains productive and respectful relationships with peers, colleagues. Instructors and supervisor |  |
| 4 | Conveys counselling atmosphere of trust and safety. |  |
| 5 | Works effectively with colleagues and resolves conflicts effectively |  |
| 6 | Presents case conferences adequately |  |
| 7 | Demonstrates acceptance of the client and expresses empathy to them showing a non-judgmental attitude |  |
| 8 | Demonstrates knowledge of the supervision process including one’s own roles and responsibilities as trainee. |  |
| 9 | Communicates clearly using written skills. |  |
| 10 | Communicates clearly using verbal skills and non-verbal communication matches verbal content. |  |
|  | **Sub-total** |  |

**Grand Total =**

**Further comments about the student counsellor (if necessary) .……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………................................................................................................................................................................................................................................................................................................**

**Do you think the student counsellor is well prepared for the job market? Explain**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....**

**How can our counselling program be improved? (Feel free and comment on this)**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Site supervisor’s Name……………………………Sign…………………………..Date………….**

**Official stamp**