

Session Review Form
 Cleveland State University
 Clinical Mental Health Counseling Program

Student Name _____
 Date of Session _____
 Supervisor Name _____
 Session # _____

Instructions: This page should be filled out by the student's supervisor. Please rate the student on the following criteria regarding the student's use of clinical skills when working during the observed session. Please rate each of the following categories using the following scale:

| | | | |
|-----------------------------|---------------------------|---------------------------|-----------------------|
| <i>Exceeds Expectations</i> | <i>Meets Expectations</i> | <i>Below Expectations</i> | <i>Not Applicable</i> |
| 3 | 2 | 1 | 0 |

Basic Clinical Skills

| | | | | |
|---|---|---|---|---|
| Warmth, respect, positive regard, genuineness | 3 | 2 | 1 | 0 |
| Attending skills | 3 | 2 | 1 | 0 |
| Open-ended questions | 3 | 2 | 1 | 0 |
| Affirmations | 3 | 2 | 1 | 0 |
| Reflections | 3 | 2 | 1 | 0 |
| Summarizations | 3 | 2 | 1 | 0 |
| Connecting/linking | 3 | 2 | 1 | 0 |
| Use of evidenced based interventions | 3 | 2 | 1 | 0 |
| Refrains from lecturing and advice giving | 3 | 2 | 1 | 0 |
| Empathy | 3 | 2 | 1 | 0 |
| Silence used effectively | 3 | 2 | 1 | 0 |

Use of self

| | | | | |
|--|---|---|---|---|
| Appropriate body language (eye contact, posture, etc.) | 3 | 2 | 1 | 0 |
| Appropriate voice, tone, and pace | 3 | 2 | 1 | 0 |
| Professional demeanor and presentation | 3 | 2 | 1 | 0 |

Planning & Structure of Session

| | | | | |
|--|---|---|---|---|
| Evidence of planning for the session | 3 | 2 | 1 | 0 |
| Opening of the session well implemented | 3 | 2 | 1 | 0 |
| Treatment goals clear | 3 | 2 | 1 | 0 |
| Closing was on time and well implemented | 3 | 2 | 1 | 0 |

Multicultural Competency

| | | | | |
|--|---|---|---|---|
| Open to gaining cultural knowledge | 3 | 2 | 1 | 0 |
| Respectful of client's personal values & beliefs | 3 | 2 | 1 | 0 |

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Instructions: The top portion of this page should be filled out by the student prior to meeting with the supervisor. The bottom portion of this form should be filled out by the supervisor during the supervision meeting with the student. The last question should be answered by the supervisor and the student.

Student Assessment:

Strengths of session:

Areas for improvement:

Theoretical orientation used and how was it applied in this session?

Feedback from Supervisor:

Strengths of session:

Areas for improvement:

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Supervisor and Supervisee's Plan of Action:

Supervisor Signature & Date: _____

Supervisee Signature & Date: _____