Purpose of Practicum I Counseling

The purpose of Practicum I counseling is to help Biblical Counseling students understand themselves, as well as give them the opportunity to experience counseling from the viewpoint of a client. Practicum I counseling is intended to prepare students to become a licensed professional counselor (LPC) by:

- Encouraging them to work through any unresolved issues in your life
- Receiving counsel from an M.A./BC graduate who has experienced the same training the student is experiencing and has since become a licensed professional counselor intern (LPCi)
- Fostering a prayerful, reflective environment that the Lord may use to help students grow in their spiritual walk with Him
- Allowing the Lord to bring about change, healing, and growth in the life of the student.

Refusal to participate in counseling may result in your removal from the M.A./BC Program. The minimum required number of sessions per semester are ten 50-minute sessions for two semesters, totaling a minimum of twenty 50-minute sessions over the course of two semesters. Students may meet with their counselor more than the required ten sessions.

Students must contact his/her individual therapist, NOT THE M.A./BC OFFICE, to reschedule appointments. Students are expected to take the initiative to address issues or concerns during each session. Issues may include, but are not limited to, family genograms, family issues, personality test scores, and individual concerns. The counselor is not responsible to “hunt down” the students’ issues.

I have read and understand the purpose and my responsibilities during Practicum I Counseling.
PRACTICUM STUDENT/COUNSELEE INFORMATION (Please Print or Type)

Last Name: ______________________ First Name: ______________________ Middle Initial: ______

Student ID#: ____________________ Date of Birth: ________________ Age: ______ Sex: ______

Mailing Address: ________________________________________________________________

Business Telephone: __________________________________________________________

Home Telephone (DTS use only): ________________________________________________

Email Address (DTS use only): _________________________________________________

Marital Status (Please Check One): ☐ Single ☐ Married ☐ Divorced ☐ Widowed

HEALTH INFORMATION

Rate Your Health (Check One): ☐ Very Good ☐ Good ☐ Average ☐ Poor

Height: _________  Weight: _________  Recent Weight Change: Loss _________  Gain _________

Describe your eating patterns (Check One): ☐ Very Good ☐ Good ☐ Average ☐ Poor

Describe your sleeping patterns (Check One): ☐ Very Good ☐ Good ☐ Average ☐ Poor

Last date you were seen by a physician: ________________________________

Current medications: ________________________________________________________

Have you ever received counseling? (Check One) ☐ Yes ☐ No

RELIGIOUS INFORMATION

Denomination with which you are affiliated: _________________________________________

Church Member (Check One): ☐ Yes ☐ No

Current church that you attend: _________________________________________________

Number of services you attend per week: _________________ per month: _______________

MARRIAGE & FAMILY INFORMATION

Name of Spouse: _______________________________________________________________

Date of Marriage: _________________ Age when Married – You _______ Spouse _________

Spouse’s Occupation: _________________________ Business Phone: _______________________

Education Level (Check One): ☐ High School Graduate ☐ Undergraduate ☐ Post Graduate

Religious Affiliation: ___________________________________________________________

Is your spouse willing to attend a counseling session with you? (Check One) ☐ Yes ☐ No ☐ Uncertain

Have either of you ever filed for divorce? (Check One) ☐ Yes ☐ No

Have either of you been married before? (Check One) ☐ Yes ☐ No
If yes, please explain. ____________________________________________

_________________________________________________________________

Number of Children: _____ Names and ages: __________________________

_________________________________________________________________

Are your parents still living?   ☐ Yes   ☐ No
Are your parents still married? ☐ Yes   ☐ No
Are your parents re-married?   ☐ Yes   ☐ No
If you were reared by anyone other than your birth parents, please briefly explain: ________________________________

_________________________________________________________________

How many siblings do you have? ______ Names and ages: __________________________

_________________________________________________________________

I have answered the above questions to the best of my knowledge.

_________________________________________________________________

Signature of Student/Client                  Date

EMERGENCY CONTACTS
(1) Name: _______________________________________________________
Relationship: ___________________________ Phone: _________________________
(2) Name: _______________________________________________________
Relationship: ___________________________ Phone: _________________________
Practicum I Student Counseling Log

Student Name *(Please Print)*: ___________________________ Student ID#: _________

Student Signature: _______________________________________

Counselor/Intern Name *(Please Print)*: ______________________

Counselor/Intern Signature: _________________________________

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<th>Counselor’s Initials</th>
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