



M.A./BC

BC 305 Practicum I

Counseling Contract & Log

1A

(Please Print or Type)

Name of Student (*Please print*): _____ Date: _____

Course Number: _____ Semester/Year: _____

Name of M.A./BC Counselor/Intern (*Please print*): _____

Name of Practicum I Course Instructor (*Please print*): _____

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.

Student/Client Signature

Date

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 INFORMATIONRate 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 PoorDescribe 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 UncertainHave either of you ever filed for divorce? (*Check One*) Yes NoHave 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: _____

Session #	Date	Counselor's Initials
1		
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3		
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