TEXAS WESLEYAN UNIVERSITY COMMUNITY COUNSELING CENTER

COUNSELING SESSION EVALUATION

Date of the session:/
STUDENT NAME:
COURSE (For which student is submitting this form):
COUNSELOR'S NAME (Who is conducting the session? Please also identify if you observed live or taped session):
THERAPY MODALITY (individual, couple, family, parent/child):

1. Setting. Describe the setting of the session, appearance and affect of the client(s), and nonverbal communication between the client(s) and counselor.
2. Beginning of the session . How did the counselor greet the client, was there any follow up
from the last session, any discussions about homework?

4. Theoretical assumptions. If possible, please identify the theoretical framework assumptions that the counselor incorporated in the session.		What theoretical model is used in this session? Questions. Pay attention to the questions that counselor asked. Identify some of them.
	4.	

8.	Ending of the session . Did the counselor end on time (5-10 minutes to the hour)? How the counselor transition to the end of the session?
	the counselor transition to the cha of the session:
9.	Consistency . Were the questions and interventions consistent with the student's theoretical framework? How?
