

PSYCHOLOGY PRACTICUM/INTERNSHIP

Tarleton State University

Session Critique Form

This form is completed by the student

Student Counselor/Therapist/Intern

Client I.D. and Session Number

Date

Brief summary of session content:

Intended goals:

Comment on positive counseling/therapy behaviors:

Comment on areas of counseling/therapy needing improvement:

Concerns or comment regarding client dynamics:

Plans for further counseling/therapy with this client:
