

Name _____ Date _____

**LEWIS & CLARK SCHOOL COUNSELING DEPARTMENT
SCED 516 MACRO-INTERNSHIP 20__ - 20 __**

COUNSELING SKILLS REVIEW FORM

FIRST SEMESTER:

Lewis & Clark Supervisor on-site visits

Visit #1 _____
(Date)

Visit #2 _____
(Date)

SECOND SEMESTER:

Lewis & Clark Supervisor on-site visits

Visit #1 _____
(Date)

Visit #2 _____
(Date)