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Counseling & Testing Services  
DIVISION OF STUDENT AFFAIRS

## PRIOR TRAINING EXPERIENCES QUESTIONNAIRE

Name:

Date:

Program:

Year in Program:

Key:

**Number of clients**  
0 = 1 (no experience)  
2-10 = 2  
11-20 = 3  
21-40 = 4  
41-60 = 5  
61-80 = 6  
81+ = 7

**Academic Preparedness**  
1 = no course  
2 = no course, but have done reading on your own  
3 = no course, but attended training/ seminar on topic  
4 = 1 course  
5 = 1 courses and extra reading/ seminar/ training  
6 = 1 course with supervised experience focused on training  
7 = 1 course with supervised experience and presented on topic (did research)

Please rate your self-assessment: <i>Place a mark by clicking on the box</i>	Experience								Academic Preparedness						
	none						a lot		none						a lot
	1	2	3	4	5	6	7		1	2	3	4	5	6	7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. **Human Awareness Training,  
Cross-Cultural and Multicultural Counseling**

	Experience								Academic Preparedness						
	1	2	3	4	5	6	7		1	2	3	4	5	6	7
<b>Counseling with Diverse Populations</b>															
Asian American Students															
Black/African American Students															
Sexual identity: Gay, Lesbian, Bisexual, Queer Students															
Gender identity: Transgender, Gender Queer, Gender Nonconforming															
Hispanic/Latino(a) Students															
International Students															
Men															
Women															
Native American Students															
Students w/ Physical Disabilities															
Religious/Spiritual Students															





<b>Structured/Skill Building (i.e., assertiveness, stress management, test taking - psychoeducational type)</b>																
<b>Stages of Group Development</b>																
<b>Co-Facilitation Relationships</b>																
<b>Legal &amp; Ethical Issues in Group Counseling</b>																
<b>Marketing Groups</b>																
<b>Screening Group Members</b>																

Please list how many groups you have conducted, and how many members in each group. List theme and types of groups/workshops you have facilitated (ACOA; support). Also list groups would you be interested in co-facilitating during your training?

7. **Couples Counseling** **Experience** **Academic Preparedness**

	1	2	3	4	5	6	7		1	2	3	4	5	6	7
<b>Counseling Couples</b>															

8. **Consultation** **Experience** **Academic Preparedness**

	1	2	3	4	5	6	7		1	2	3	4	5	6	7
<b>Consultation*</b>															
<b>Case Consultation</b>															

\*Consultation refers to activities involving interventions in the Campus community, e.g., Residence hall staff.

9. **Outreach Programming.** (Outreach programming entails the preparation of a presentation, workshop, lecture on a particular topic for a campus population, e.g., speaking in a class, residence hall, etc.)

	<b>Experience</b>								<b>Academic Preparedness</b>						
	1	2	3	4	5	6	7		1	2	3	4	5	6	7
<b>Outreach Programming</b>															

List outreach topics you have presented. Briefly describe your experiences:

10.

		Experience							Academic Preparedness							
		(A scale is not applicable)								1	2	3	4	5	6	7
<b>Legal &amp; Ethical Issues</b>																

Please, list any specific legal and/or ethical dilemmas that you would like to get more training on, if any:

11.

		Experience							Academic Preparedness							
		1	2	3	4	5	6	7		1	2	3	4	5	6	7
<b>Research</b>																

Briefly describe your prior research activities as well as current research interests and activities.

12.

<b>Clinical Writing Skills:</b>		Experience							Academic Preparedness							
		1	2	3	4	5	6	7		1	2	3	4	5	6	7
<b>Initial Assessment Write-ups</b>																
<b>Termination Summary</b>																

<b>Psychological Report</b>																			
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**13. Special Clinical Issues/Topics:**

	1	2	3	4	5	6	7		1	2	3	4	5	6	7
<b>Eating Disorders</b>															
<b>Alcohol &amp; Other Drugs</b>															
<b>Trauma and Victimization</b>															
<b>Grief and Loss</b>															
<b>Couples Counseling</b>															
<b>Sports Psychology / Interventions with Athletes</b>															
<b>Biofeedback Training</b>															
<b>Spirituality and Mental Health</b>															
<b>Building Healthy Relationships</b>															

**14. Please list any additional specific topics in which you are particularly interested in being trained. Please list any topics of expertise in which you would be interested in providing training.**

**What are some fun things you enjoy doing? We want to reassure you that this questionnaire is not being used in an evaluative way. We are honestly trying to gather a general sense of your training background so we can better match your training needs.**