

IBCD Care & Discipleship Course

Level 3 Counseling Observation Form

Instructions

Level 3 requires at least 10 hours of observing an ACBC certified biblical counselor to see biblical counseling principles in practice. Submit a completed Observation Log and Reflection Paper to complete this part of the Level 3 requirements.

Ways to Observe Biblical Counseling

The following list explains the 3 ways that the 10-hour requirement can be accomplished. One may choose to do any of the following or a combination thereof.

1. Participate in [IBCD counseling observation](#) at our office in Southern California.
2. Find an ACBC certified counselor in your area by searching the [ACBC website](#) and arrange to observe their counseling sessions.
3. You may also meet this requirement by watching the IBCD Observation Videos. These can be purchased from the [CDC Store](#) in DVD or Video on Demand format.

Observation Log

Record each hour of your biblical counseling observation hours on the Counseling Observation Log (next page). If you are using the Observation Video option, a partially completed form is also available for your convenience. The completed form can be sent in hard copy or emailed when the Level 3 Application is submitted.

Observation Reflection Paper

Once you have completed the 10 hours of counseling observation, write a 2½ – 3 page response which includes the following subjects:

1. What was your overall impression of the biblical counseling process?
2. Was there anything about the counseling that was surprising to you?
3. What did you observe that you think will really benefit you in your counseling interactions with others?
4. When you think about helping others in your church, in what areas do you feel you still need to be better equipped?

The paper should be typed in regular 12 point font and double-spaced with 1" margins. The completed form can be sent in hard copy or emailed when the Level 3 Application is submitted.

IBCD Care & Discipleship Course Counseling Observation Log

First name: _____ Last name: _____

Date	ACBC Certified Counselor	Length of meeting	Cumulative Total
Total			