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

There are two ways for the 10-hour observation requirement to be accomplished. You may choose to do any of the following, or a combination thereof:

1. Find an ACBC certified counselor in your area by searching the ACBC website and arrange to observe their counseling sessions.
2. Stream any of IBCD's case observation videos via a subscription to IBCD Connect. For those pursuing ACBC Certification, note that all our case observations are approved for your fundamentals training requirement *with the exception of "Counseling Care for Domestic Abuse" and "Counseling Care for Regrets."*

Observation Log

Record each hour of your biblical counseling observation hours on the "Counseling Observation Log" (next page). If you are using IBCD's Case Observation Videos, simply write down the name of the counselor in the session, the title of the case study, and the duration of the session you watched. The completed form can be emailed to **cdc@ibcd.org** 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 paper can be emailed to **cdc@ibcd.org** when the Level 3 application is submitted.

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Live Observation Log

First Name: _____ Last Name: _____

Date	ACBC Certified Counselor Name	Length of Session (Minutes)	Cumulative Total of Hours Observed
		Total Hours/ Minutes	