



Michigan Counseling Association

120 North Washington Square, Suite 110 A • Lansing, MI 48933 • 1.800.444.2014

COUNSELOR SUPERVISION INFORMATION

General Information & Disclaimer

Individuals meeting counselor supervision requirements are eligible to be listed on MCA's Web site.

Disclaimer: The MCA provides this list as a service to the profession. MCA neither endorses nor guarantees the credentials of anyone on this list. It is up to the potential supervisee to confirm the supervisor's credential who provides supervision. Please refer to the state law statute for information regarding the law concerning the qualifications of a supervisor.

An annual fee of \$100.00 is charged to individuals posting their information. The fee is waived for MCA Members in good standing.

I. Michigan Counseling Association: Membership Status

I am a Member

II. Personal Details

Title Mrs. Gender F Education Masters

First Name Shannon Last Name Leveille

Address 22056 Tulane

City State Zip Farmington Hills, MI 48336 County Oakland

Email sfarley09@aol.com

Phone Number 248.798.4402 Fax Number 248.478.1572

III. License Information

LPC LLPC CAC NCC Other:

IV. Specialty

X marks all that apply, E = extensive expertise in an issue

Emotional Concerns

- Anger
- Anxiety/Fear/Panic
- Coping Skills
- Depression/Bi-Polar
- Loss/Grief

Relational Concerns

- Blended Families
- Communication
- Divorce
- Family
- Friends/Other
- Parenting
- Partner
- Sexual Problems

Stressful Situations

- Abuse/Neglect
- Addiction/Substance Abuse
- Anger Management
- Attention Deficit/Hyperactivity
- Chronic/Terminal Illness
- Divorce
- Eating
- Financial
- Gambling
- Infertility
- Role or Age
- Sleep Disturbance
- Victim of Crime

Other

- x Academic
- x Adoption/Foster Care
- Career/Work
- Coping Skills
- Health
- x Impulse Control
- x Obsessive/Compulsive
- Sexual Orientation
- Spirituality
- Suicide
- E - Post Partum Adjustment Other: _____

I. Client Focus

Age Specialization

- x Child
- x Adolescent
- x Adult
- Elder

Setting

- x Individual
- Group
- Couple
- Family

Multicultural Experience

- x Extensive
- Limited
- None

Client Gender

- x Male
- x Female
- Transgender

Client Sexual Orientation

- Yes Gay, Lesbian, Bisexual, Transgender
- Yes Heterosexual

Religious Orientation of your Clients

- x Any
- Buddhism
- Christian
- Islam
- Jewish
- LDS/Mormon
- None
- Other: _____

I. Supervision Training

Received training to satisfy standards of supervision according to the laws in the state of Michigan.

Yes