

Name:

School Year:
Teacher:

Counseling Services Summary Individual Sessions

Start Date:
Frequency:
Topics:

Strengths

Groups:

Social Skills
Friendship
Anger Management
Grief

Decision Making
Study Skills
Divorce
Other

Notes:

Consultations:

Parent/Guardian

Teacher

Administrator

Other:

Notes:

Resonance/Co-occurrence Referrals:

Additional Notes
