

**COUNSELLING SESSION NOTES**
SCHOOL/AGENCY

Client Name:

Identification Number:
(if used)

Counsellor(s):

Date:

Session Format: (e.g., individual, couple, family, group) Session Length:

Presenting Issue/Session Focus:

Session Content:

Themes/Significant Developments:

Counselling Goals/Strategies/Approach:

Counsellor Observations:

Plans (Between-Session Activities, Follow-Up, Next-Session Focus, Referrals):

Practicum Intern

Date