COUNSELING SESSION RECORD -- INDIVIDUAL (COUNSELOR)
(TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

<table>
<thead>
<tr>
<th>SITE #:</th>
<th>CLIENT ID#:</th>
<th>SESSION DATE:</th>
<th>COUNSELOR ID#:</th>
</tr>
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TREATMENT MONTH? 01 02 03 04 05 06 07 08 09 10 11 12

TIME SESSION BEGAN? ..........................................................

1. LENGTH OF SESSION: ........................................................................... # MINUTES

2. COUNSELING TOPICS ADDRESSED (CIRCLE “0” OR “1”):

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
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(1). Abuse/violence issues .......0 1 (17). Medication issues ..........0 1
(2). Alcohol use...................0 1 (18). Missed sessions ...............0 1
(3). Anger control.................0 1 (19). Parenting ......................0 1
(4). Attitude/motivation.........0 1 (20). Positive urines ...............0 1
(5). Criminal activity ..........0 1 (21). Problem solving ..........0 1
(6). Drug use .....................0 1 (22). Problems at work .........0 1
(7). Education ....................0 1 (23). Program compliance .......0 1
(8). Emotional issues ..........0 1 (24). Psychiatric/mental health issues ..........0 1
(9). Employment .................0 1 (25). Relapse prevention ........0 1
(10). Family planning ..........0 1 (26). Relations with friends ....0 1
(11). Family problems ..........0 1 (27). Self-help meetings ........0 1
(12). Financial issues ..........0 1 (28). Social services ............0 1
(13). Health issues .............0 1 (29). Spiritual ....................0 1
(14). HIV/AIDS ..................0 1 (30). Transportation ..........0 1
(15). Housing ....................0 1 (31). Treatment plans .........0 1
(16). Legal issues ..............0 1

3. THIS COUNSELING SESSION WAS (CIRCLE APPROPRIATE NUMBER):

<table>
<thead>
<tr>
<th>DISAGREE</th>
<th>NOT</th>
<th>AGREE</th>
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<tbody>
<tr>
<td>STRONGLY</td>
<td>SURE</td>
<td>STRONGLY</td>
</tr>
<tr>
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<td>6</td>
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a. Rough. ........................................

b. Powerful. ...................................

c. Comforting. ................................

d. Tense. ....................................

e. Valuable. ..................................
4. Circle all treatment plan numbers that apply.

1. Alcohol and/or drug
2. Physical and/or health
3. Emotional and/or psychiatric
4. Family relationships
5. Parenting issues
6. Significant relationships
7. Sexual issues
8. Employment and/or financial
9. Academic and/or vocational
10. Other/new problem

5. PROGRESS NOTES: