COUNSELING SESSION RECORD -- INDIVIDUAL (COUNSELOR)
(TCU CORRECTIONAL OUTPATIENT FORMS)

[FORM ---; CARD 01]

PROGRAM #: |___|___|___| [6-8]

CLIENT ID#: |___|___|___|___|___|___|___| [9-15]

SESSION DATE: |___|___||___|___||___|___| MO DAY YR [16-21]

COUNSELOR ID#: |___|___|___|___|___|___|___| [22-28]

TIME SESSION BEGAN? |___|___|:|___|___| HR MIN [29-32]

TREATMENT MONTH? 01 02 03 04 05 06 07 08 09 10 11 12 |___|___| [33-34]

A. LENGTH OF SESSION: .....|___|___|___| [35-37]
MINUTES

B. COUNSELING TOPICS ADDRESSED (CIRCLE "0" OR "1"):

	NO	YES	
(1). Abuse/violence issues	0	1	[38]
(2). Alcohol use	0	1	[39]
(3). Anger control	0	1	[40]
(4). Attitude/motivation	0	1	[41]
(5). Criminal activity	0	1	[42]
(6). Drug use	0	1	[43]
(7). Education	0	1	[44]
(8). Emotional issues	0	1	[45]
(9). Employment	0	1	[46]
(10). Family planning	0	1	[47]
(11). Family problems	0	1	[48]
(12). Financial issues	0	1	[49]
(13). Health issues	0	1	[50]
(14). HIV/AIDS	0	1	[51]
(15). Housing	0	1	[52]
(16). Legal issues	0	1	[53]
(17). Medication issues	0	1	[54]
(18). Missed sessions	0	1	[55]
(19). Parenting	0	1	[56]
(20). Positive urines	0	1	[57]
(21). Problem solving	0	1	[58]
(22). Problems at work	0	1	[59]
(23). Program compliance	0	1	[60]
(24). Psychiatric/mental health issues	0	1	[61]
(25). Relapse prevention	0	1	[62]
(26). Relations with friends	0	1	[63]
(27). Self-help meetings	0	1	[64]
(28). Social services	0	1	[65]
(29). Spiritual	0	1	[66]
(30). Transportation	0	1	[67]
(31). Treatment plans	0	1	[68]

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

	DISAGREE STRONGLY			NOT SURE		AGREE STRONGLY		
(1). Rough.	1	2	3	4	5	6	7	[69]
(2). Powerful.	1	2	3	4	5	6	7	[70]
(3). Comforting.	1	2	3	4	5	6	7	[71]
(4). Tense.	1	2	3	4	5	6	7	[72]
(5). Valuable.	1	2	3	4	5	6	7	[73]