

COUNSELING SESSION RECORD – CHILD (COUNSELOR)

(TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

[FORM 319; CARD 01]

SITE #:	TODAY'S DATE:	COUNSELOR IDS#:
<input type="text"/> [6] [CHILD ID#]* [7-10]	<input type="text"/> MO <input type="text"/> DAY <input type="text"/> YR [11-16]	LEADER: <input type="text"/> [17-18] CO-LEADER: <input type="text"/> [19-20]
TREATMENT MONTH?	01 02 03 04 05 06 07 08 09 10 11 12	<input type="text"/> [21-22]
Number of Children Attending the Session:		<input type="text"/> * [23-24] NUMBER
*Enter CLIENT ID # (List Only those Children <u>Attending</u> the Session):		
1. <input type="text"/>	4. <input type="text"/>	7. <input type="text"/>
2. <input type="text"/>	5. <input type="text"/>	8. <input type="text"/>
3. <input type="text"/>	6. <input type="text"/>	9. <input type="text"/>

1. LENGTH OF SESSION: [25-27]
MINUTES

2. TYPE OF SESSION [CIRCLE ANSWER]: [28]

- | | |
|--|--|
| 1. <i>Play Therapy</i>
2. <i>Individual Counseling</i>
3. <i>Education</i>
4. <i>Parent-Child</i> | 5. <i>Day Care Activity</i>
6. <i>Recreational Activity</i>
7. <i>Parenting (TCU Module)*</i>
8. <i>Other</i> _____ |
|--|--|

* **If TCU Module indicate Session Number:** [29-30]
SESSION #

3. COUNSELING TOPICS ADDRESSED:

Treatment Issues:	NO	YES		NO	YES		
1. Abuse/violence issues.....	0	1	[31]	10 Medication issues.....	0	1	[40]
2. Anger control	0	1	[32]	11. Problem solving	0	1	[41]
3. Attitude/motivation.....	0	1	[33]	12. Program compliance.....	0	1	[42]
4. Drug use	0	1	[34]	13. Psychological/mental health issues.....	0	1	[43]
5. Education	0	1	[35]	14. Relations with friends	0	1	[44]
6. Emotional issues	0	1	[36]	15. Social services.....	0	1	[45]
7. Family problems	0	1	[37]	16. Treatment plans.....	0	1	[46]
8. Health issues	0	1	[38]				
9. HIV/AIDS	0	1	[39]				

4. THIS GROUP SESSION WAS --

	DISAGREE		NOT	AGREE		
	STRONGLY	SURE	STRONGLY	

a. Rough.	1	2	3	4	5	6	7	[47]
b. Powerful.	1	2	3	4	5	6	7	[48]
c. Comforting.	1	2	3	4	5	6	7	[49]
d. Tense.	1	2	3	4	5	6	7	[50]
e. Valuable.	1	2	3	4	5	6	7	[51]

5. CHILDREN'S TREATMENT PLAN: Circle all treatment plan numbers that apply.

- | | |
|------------------------------------|--------------------------------|
| 1. <i>Academic education</i> | 8. <i>Emotional stability</i> |
| 2. <i>Large muscle development</i> | 9. <i>Alcohol education</i> |
| 3. <i>Small muscle development</i> | 10. <i>Drug education</i> |
| 4. <i>Speech development</i> | 11. <i>Behavior/discipline</i> |
| 5. <i>Abuse issues</i> | 12. <i>Sex education</i> |
| 6. <i>Family relations</i> | 13. <i>Health/nutrition</i> |
| 7. <i>Social development</i> | |

6. PROGRESS NOTES: