

COUNSELING SESSION RECORD -- INDIVIDUAL (COUNSELOR)

(TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

[FORM 304; CARD 01]

SITE #:	CLIENT ID#:	SESSION DATE:	COUNSELOR ID#:
_	_ _ _ _ _	_ _ _ _ _ _	_ _ _
[6]	[7-10]	MO DAY YR [11-16]	[17-18]
TREATMENT MONTH?	01 02 03 04 05 06 07 08 09 10 11 12		_ _ _
			[19-20]
TIME SESSION BEGAN?		_ _ _ : _ _ _	
		HR MIN	[21-24]

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

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

	NO	YES					NO	YES	
(1). Abuse/violence issues	0	1	[28]	(17). Medication issues	0	1	[44]		
(2). Alcohol use.....	0	1	[29]	(18). Missed sessions	0	1	[45]		
(3). Anger control.....	0	1	[30]	(19). Parenting.....	0	1	[46]		
(4). Attitude/motivation	0	1	[31]	(20). Positive urines	0	1	[47]		
(5). Criminal activity	0	1	[32]	(21). Problem solving.....	0	1	[48]		
(6). Drug use.....	0	1	[33]	(22). Problems at work.....	0	1	[49]		
(7). Education	0	1	[34]	(23). Program compliance	0	1	[50]		
(8). Emotional issues	0	1	[35]	(24). Psychiatric/mental health issues	0	1	[51]		
(9). Employment	0	1	[36]	(25). Relapse prevention	0	1	[52]		
(10). Family planning	0	1	[37]	(26). Relations with friends.....	0	1	[53]		
(11). Family problems.....	0	1	[38]	(27). Self-help meetings	0	1	[54]		
(12). Financial issues	0	1	[39]	(28). Social services	0	1	[55]		
(13). Health issues.....	0	1	[40]	(29). Spiritual	0	1	[56]		
(14). HIV/AIDS.....	0	1	[41]	(30). Transportation.....	0	1	[57]		
(15). Housing.....	0	1	[42]	(31). Treatment plans.....	0	1	[58]		
(16). Legal issues	0	1	[43]						

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

	DISAGREE			NOT	AGREE			
	STRONGLY	SURE	SURE	STRONGLY		
a. Rough.	1	2	3	4	5	6	7	[59]
b. Powerful.	1	2	3	4	5	6	7	[60]
c. Comforting.	1	2	3	4	5	6	7	[61]
d. Tense.	1	2	3	4	5	6	7	[62]
e. Valuable.	1	2	3	4	5	6	7	[63]

4. Circle all treatment plan numbers that apply.

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

5. PROGRESS NOTES: