

FORM 9-3

**GUAM DEPARTMENT OF EDUCATION
COUNSELING PROGRESS NOTES**

FORM TO BE COMPLETED BY: School Counselor

DATE (MM/DD/YY): _____

STUDENT: _____ Grade _____

MODALITY

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Family | <input type="checkbox"/> Parent Consult |
| <input type="checkbox"/> Group | <input type="checkbox"/> Teacher Consult |
| <input type="checkbox"/> Meeting with Teachers | <input type="checkbox"/> Other: _____ |

TOPICS/THEMES DISCUSSED

- | | | |
|---|--|---|
| <input type="checkbox"/> Relationship(s) | <input type="checkbox"/> Identity/Role | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Work problems | <input type="checkbox"/> Dreams | <input type="checkbox"/> Stress/Relaxation |
| <input type="checkbox"/> School Problem | <input type="checkbox"/> Parenting | <input type="checkbox"/> Conflict Resolution |
| <input type="checkbox"/> Substance Related Issues | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Grief Loss |
| <input type="checkbox"/> Childhood/Family of Origin | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Good Touch/Bad Touch |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Behavior Modification | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Coping Skills | <input type="checkbox"/> Patience/Tolerance | <input type="checkbox"/> Personal Boundaries |
| <input type="checkbox"/> Trust Building | <input type="checkbox"/> Communication | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Other: _____ | |

INTERVENTION TECHNIQUES

- | | |
|---|---|
| <input type="checkbox"/> Interpretation | <input type="checkbox"/> Limit Setting |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Support / Empathy |
| <input type="checkbox"/> Homework Given | <input type="checkbox"/> Encouraged participation |
| <input type="checkbox"/> Family Meeting | <input type="checkbox"/> Validation |
| <input type="checkbox"/> Relationship | <input type="checkbox"/> Reflection |
| <input type="checkbox"/> Role Play | <input type="checkbox"/> Facilitated expression |

- | | |
|---|---|
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Building Trust |
| <input type="checkbox"/> Reframing | <input type="checkbox"/> Exploration of thoughts/feelings |
| <input type="checkbox"/> Psychoeducation | <input type="checkbox"/> Confrontation |
| <input type="checkbox"/> Provide Alternatives | <input type="checkbox"/> Facilitated Play |
| <input type="checkbox"/> Other: _____ | |

RESPONSE TO INTERVENTION

	Very Good	Good	Somewhat Good	Poor
Level of trust/counseling relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Skill Acquisition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Acceptance of Responsibility for Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

comments:

PRINT COUNSELOR'S NAME: _____

SCHOOL: _____

DATE: _____