

**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

- Problem Solving
- Reframing
- Psychoeducation
- Provide Alternatives
- Building Trust
- Exploration of thoughts/feelings
- Confrontation
- Facilitated Play
- 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: \_\_\_\_\_