

Student Counseling Progress Report Form

This form is used to document the counseling progress of students. Fill out all sections prior to printing.

1. General Information

Student Name:

Student ID:

Grade and Section:

Counselor Name:

Session Date (YYYY-MM-DD):

Session Number:

2. Session Focus and Development

Primary Reason for Referral:

Observed Behavior during Session:

Student Concerns/Issues Discussed:

Overall Progress Status (e.g., Improving, Stable, Regressing):

3. Interventions and Action Plan

Counseling Interventions/Strategies Applied:

Target Goals Established for Student:

Recommended Next Steps:

Next Scheduled Session Date:

4. Validation and Signatures

To be signed upon printing.

Counselor Signature:

Date Signed: