

Department of Student Services

STUDENT COUNSELING UNIT – SESSION ABSTRACT

Counselor Name: Session No.: File No.:

Student Name: Date: ... / ... /

- Notes from previous sessions:

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- Case symptoms:

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- Important issues discussed during the session:

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- Behavioral observations:

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● **Counseling plan for the next session:**

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● **Comments:**

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Counselor signature:

Date: / /