Appendix VII (S 6.15) Student Counseling Unit – Case Report

Department of Student Services

STUDENT COUNSELING UNIT – CASE REPORT

Counselor Name: ..... **File No.: .....**

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

- **Type of counseling offered:**

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- **Reasons for ending the service :**
  1. **Agreement between student and counselor.**
  2. **Student's decision.**
  3. **Counselor's decision.**

Describe .....…….....

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- **Referral to other counselors/psychologists**

State reasons …….....

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- **Symptoms and reasons:**

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- **Primary diagnosis:**

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- **Final diagnosis:**

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- **Treatment offered:**

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- **Goals of treatment:**

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Treatment Evaluation:

Choose the right response from the following scale:

1	2	3	4	5
None	**Weak**	**Good**	**Very good**	**Exultant**

- **Comments:**

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Counselor signature: ……. **Date: / /**