

Client Appointment Report

Please answer all the questions below in regard to your appointment (please print clearly)

Name of "Counselor":
Name of "Client":
Date of Session:
Check One: <ul style="list-style-type: none"><input type="radio"/> In-Class Peer Counseling Session 1 (covering Lessons 1-4)<input type="radio"/> In-Class Peer Counseling Session 2 (covering Lessons 5-6)<input type="radio"/> In-Class Peer Counseling Session 3 (covering Lessons 7-8)<input type="radio"/> In-Class Peer Counseling Session 4 (covering Lessons 9-10)<input type="radio"/> In-Class Peer Counseling Session 5 (covering Lessons 11-13)
Reflect on how well the student performed their counseling tasks:
Reflect on how well prepared the student was to review the content material:
Reflect on how "serious" the student was about the session and their skill development:
Reflect on your overall impressions with this student in regard to this session: