**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center Handbook**

## Table of Contents

Contents

[Table of Contents 2](#_Toc386537046)

[The Community Counseling and Family Therapy Center 4](#_Toc386537047)

[Hours of Operation 4](#_Toc386537048)

[Location and Rooms 4](#_Toc386537049)

[Access to the Community Counseling and Family Therapy Center 4](#_Toc386537050)

[Parking 4](#_Toc386537051)

[Accessible Entrance 4](#_Toc386537052)

[Waiting Area 4](#_Toc386537053)

[Client Assignment, Scheduling and Fees 4](#_Toc386537054)

[Client Scheduling 5](#_Toc386537055)

[Fees for appointments 5](#_Toc386537056)

[Intake Session 5](#_Toc386537057)

[Sessions involving children 6](#_Toc386537058)

[Regular sessions 6](#_Toc386537059)

[CCFTC Upkeep 6](#_Toc386537060)

[Playroom Supplies and Equipment Upkeep 7](#_Toc386537061)

[Clinical Guidelines 7](#_Toc386537062)

[Liability Insurance 7](#_Toc386537063)

[Telephone Guidelines 8](#_Toc386537064)

[Calling Clients from Home or Other Location 8](#_Toc386537065)

[Client Care during Counselor in Training Vacations and other Absences 8](#_Toc386537066)

[Dress Code 8](#_Toc386537067)

[Recruitment 9](#_Toc386537068)

[Failure to Follow Clinical and Ethical Guidelines 9](#_Toc386537069)

[Grievance Procedures 9](#_Toc386537070)

[Recordkeeping Definitions and Standards 9](#_Toc386537071)

[The Counselor Trainee Semester Activity Sheet 9](#_Toc386537072)

[Client Records 9](#_Toc386537073)

[Consent for Treatment of Minor(s) (if applicable) 10](#_Toc386537074)

[Request for Release of Confidential Information 11](#_Toc386537075)

[Termination of Counseling 11](#_Toc386537076)

[Counseling Session Notes 11](#_Toc386537077)

[Review of CCFTC Client File 11](#_Toc386537078)

[Recordings of Client Sessions 12](#_Toc386537079)

[Confidentiality and Telecommunications Security 12](#_Toc386537080)

[Guidelines for Reporting Abuse or Neglect of a Child or Disabled/Elderly Person 13](#_Toc386537081)

[Emergency Procedures and Policies 13](#_Toc386537082)

[What to Do for Threat to Harm Issues: 13](#_Toc386537083)

[APPENDICES 14](#_Toc386537084)

[Appendix 1: Client Guide to Services 15](#_Toc386537085)

[**Appendix 2: Client Information and Consent – Community** 16](#_Toc386537086)

[**Appendix 6 Child/Adolescent Client Intake Form** 21](#_Toc386537087)

[**Appendix 7 Adult Session Rating Scale (SRS V.3.0)** 31](#_Toc386537088)

[**Appendix 8 Child Session Rating Scale (CSRS)** 32](#_Toc386537089)

[**Appendix 9 Young Child Session Rating Scale (YCSRS)** 33](#_Toc386537090)

[**Appendix 10 Group Session Rating Scale (GSRS)** 34](#_Toc386537091)

[**Appendix 11 Organizational Chart for the School of Education, Psychology, and Counseling** 35](#_Toc386537092)

[**Appendix 12 Counselor in Training Weekly Room Reservation/Activity Sheet** 36](#_Toc386537093)

[**Appendix 13 Counselor Trainee Personal Data Information** 37](#_Toc386537094)

[**Appendix 14 Trainee Consent for Video and Audio Taping** 38](#_Toc386537095)

[**Appendix 15 Authorization for Release of Information** 39](#_Toc386537096)

[**Appendix 16 Telephone Screening Evaluation** 40](#_Toc386537097)

[Appendix 17 CCAPS 62 (2009) 41](#_Toc386537098)

[**Appendix 18 Psychoeducational/Presentation Evaluation** 44](#_Toc386537099)

[**Appendix 19 CCFTC Counselor Evaluation** 45](#_Toc386537100)

[Appendix 20 Behavior Outcomes Scale 46](#_Toc386537101)

[**Appendix 21 Counseling Center Evaluation** 47](#_Toc386537102)

**Community Counseling and Family Therapy Center Operations**

# The Community Counseling and Family Therapy Center

The Community Counseling and Family Therapy Center (CCFTC) is operated by the Counseling Services Department and serves as both a training facility for departmental graduate students and as a form of counseling services to the local community. The goal of the CCFTC is to provide experiences similar to what a student would encounter in a community agency. Faculty, staff, and students have a legal and ethical responsibility to provide professional, high quality services for clients who seek our services. Students are eligible to be clinicians in the CCFTC if they (1) are enrolled in practicum (i.e., have a faculty practicum supervisor), (2) complete the required orientation, and (3) are covered by their own recognized liability policy.

This handbook is intended to serve as guidance for CCFTC counselors in training. It is the responsibility of each counselor in training to become familiar with the information contained in this handbook, ask questions and seek information to clarify any points that are not clearly understood, and to seek regular supervision for all cases seen in the CCFTC.

## Hours of Operation

The CCFTC is open year-round, when classes are in session. Scheduling for appointments is available Monday through Friday from 8 am to 5 pm but appointments are available during the following times:

**10 am - 7 pm Monday through Thursday**

Sessions should be scheduled to end prior to the 7 pm closing time. Because supervision may not be available outside of these hours for emergency situations, counselors in training should not schedule any clients outside of these hours. (For specific clinic hours related to your particular practicum, counselors in training should visit with their respective faculty practicum supervisor)

## Location and Rooms

The CCFTC is located at Warrior Hall of Texas A&M University-Central Texas at 1001 Leadership Place in Room 207. Currently, there is an intake room (207A), four individual/couple session rooms (207F, 207G, 207O, 207EP); one family room (207C); one group room (207B); one play therapy room (207E), one reflection room ( 207D); and two supervision rooms (207R and 207S). The restrooms are located across from the CCFTC. (Restrooms are handicapped accessible.)

Each session room and family room has two training observation cameras .

## Access to the Community Counseling and Family Therapy Center

*Use* of the CCFTC is limited to the Psychology and Counseling Practicum 1 faculty and approved programming (see Director of Counseling Services), CCFTC staff, counselors in training assigned to the CCFTC by faculty practicum supervisors, and clients of Counseling Services. It is required that specific room reservations are made through the CCFTC staff prior to utilizing the Center.

The CCFTC may **not** be used to counsel individuals from other practicum/internship settings.

## Parking

All counselors in training and clients should park in the University’s parking lots. All counselors in training will need a TAMUCT parking sticker displaying on their vehicle. CCFTC clients will should park only in designated visitor parking.

## Accessible Entrance

The main entrance to the Warrior Hall is wheelchair accessible.

## Waiting Area

All clients should check in with the administrative staff, when available, when they enter the CCFTC. Otherwise, their counselor in training will be available to greet them and provide necessary intake, etc. forms for completion. Counselors in training should arrive no less than 15 minutes prior to their initial scheduled time for the day. There is a waiting area available in the CCFTC. Counselors in training should inform clients that the initial intake session is a minimum of 90 minutes in duration. Clients with children should **never** leave their children under the age of 14 unattended in the waiting room. In order to avoid potential problems, CCFTC staff/counselors in training **will not** provide any type of childcare for clients’ children or take client’s children to the restroom.

# Client Assignment, Scheduling and Fees

## Client Scheduling

CCFTC reception staff, graduate assistants, and Director of Counseling Services may assign clients to counselors in training. Scheduling of clients is available Monday through Friday from 8:00 am – 5:00. Available appointment times are Mondays through Thursdays from 10 am – 6 pm. Each counselor in training is responsible for indicating the times s/he is available to see clients. Sample forms are provided in the handbook appendix. All demographic information indicated on the intake forms should be reviewed by the counselor in training prior to the counseling appointment. Counselors in training will provide their faculty and CCFTC staff will a phone number(s) and email where s/he can be reached as well as receive messages. When the client calls in, s/he receives an appointment day and time. Each counselor in training will assure that their Titanium software calendar is reviewed regularly for additions and changes in appointment(s). Counselors in training should not expect that CCFTC staff to telephone them regarding scheduled appointments. No phone messages that include client names should be released without prior written permission (on the intake forms).

CCFTC staff will schedule all initial appointments and collect all fees for client counseling appointments for the center when staff is available. Counselors in training will collect and secure fees and the fee book when CCFTC administrative staff is not available. All fees are to be collected prior to each counseling appointment. When CCFTC staff is **not** available, the following scheduling/fee procedure will be observed:

* Prior to each session after the initial intake session, the counselor in training will collect the fee for the session. The receipt booklet should be completed at that time. The counselor in training will provide the white (top) copy to the client for their records. Attach the fee to the second copy of the receipt to the fee and place both in the white envelopes provided. The completed envelope should then be placed in the lock box at the location provided in orientation training. The 3rd and 4th copies will stay in the receipt book. (**Do not remove the 3rd and 4th copies from the receipt book).** Receipts/fees should **NEVER** be removed from the CCFTC except by the Director who will provide the fees to campus police who transport the fees to financial services at the appointed time! The receipt book should remain locked next to the fee lock box in the designated location. (See Cash Handling Procedures and fee schedule in CCFTC Forms binder in the administration office)
* The counselor in training should collaborate with the client to schedule the succeeding appointments. The counselor in training should use Titanium software (electronic scheduler) to record the next scheduled appointment with the client. The scheduler should not schedule a time/location that is already scheduled in Titanium.
* If the counselor in training cancels or reschedules a client, the counselor in training is expected to work in conjunction with the CCFTC staff so that the schedule changes and room availability coincide
* Overall, counselors in training are responsible for making sure their schedule is always accurate. All scheduling of rooms and appointments should be entered into the Titanium program by CCFTC staff or counselors in training. (Titanium will not allow trainees to schedule anything outside of their own schedule; therefore it is very important that the counselor in training at the intake desk be sure to provide scheduling information to the CCFTC staff to place in Titanium to prevent double booking or loss of appointment). Counselors in training will be responsible to provide counseling reception periodically throughout the semester. Procedures not followed may result in not having a location/time to provide the counseling session.

## Fees for appointments

Fee for treatment sessions are arranged according to the client’s household size and income. Fee will be determined at the initial intake appointment. Payment is expected at the initial intake appointment. CCFTC does not accept third party payment. Cash or check is the only method of payment accepted through the CCFTC. Clients should be encouraged to bring exact fee amount as no petty cash funds are available to make change. Walk-in sessions may be available but it is strongly recommended that sessions are by appointment only to ensure counselor availability. Counselors in training are requested to provide 24 hour notice to CCFTC and client if s/he must cancel a counseling session. A client who “no shows” (does not contact the office to reschedule and, consequently does not attend) for an appointment will be charged for that appointment at the next session.

***Prior to The Initial Intake* *Session*** in the CCFTC, the counselor must request that each client show them proof of identification (name and age of client if indicating adult status), proof of annual gross family income, information regarding size of family, and provide payment for counseling session (See Client Assignment, Scheduling and Fees). The counselor should be sure to provide the client information regarding counseling fees that will be assessed for each session.

Intake SessionThe counselor in training is expected to regularly check with the Titanium schedule to ascertain when s/he has a new appointment and the location of the appointment. The counselor in training will obtain the completed intake paperwork from the CCFTC staff or client directly. The counselor-in-training is expected to arrive 15 minutes prior to each initial intake appointment to provide intake and consent paperwork to clients and prepare for the session. Counselors in training should allow the client to complete the forms in the waiting area/intake room prior to escorting the client to the session room. The majority of the forms are completed electronically. See Appendix for Required intake paperwork.

Take a few moments to review the initial intake paperwork, including the CCAPS form, and make sure all signatures, initials, etc. are present before taking the client to session. The client(s) must have signed **all** of the releases **prior** to inviting them into the session room. **Do not take the client into the session without the video tape release signed!** Clients must agree to all conditions in the Informed Consent (limits to confidentiality, sessions recorded, etc.). If they refuse, offer to help them find referrals to other counseling facilities. At the beginning of the session, review the intake paperwork with the client answering any questions and completing all remaining signatures or initials. Provide copies of release forms to the client. At the end of the session, the counselor/therapist should establish a mutually acceptable time for the next session. (See client assignment and scheduling). All copies of release forms will be maintained in the client’s electronic file.

## Sessions involving children

If the case involves young children, (14 years old and younger) parents will be asked to come to a portion of the intake session without their children. This gives a clinician the opportunity to discuss concerns with parents without being overheard by the children. If later in the intake session or in subsequent sessions, the clinician needs to speak with parents apart from the children, please make sure that prior arrangements have been made for someone to watch them (ex. other family member sits in waiting room). The CCFTC staff is not responsible for monitoring unattended children. Children ages of 7-17 are treated in the CCFTC.

## Regular sessions

Procedures are the same for all other sessions with the exception of completing and reviewing intake paperwork. If someone besides the client comes to the session (e.g., sister attends for one session), have s/he review and sign the Information and Consent (can sign on same page as client but indicate current date). If this person does not plan to attend future sessions, there is no need to have him/her complete the entire client information packet. If s/he is planning to attend sessions, have him/her complete Intake Information forms and give the form to the CCFTC staff informing them that this person will be attending sessions with [client name]. Discuss with the Director whether a new file should be started for the new modality. The information will be entered into Titanium and the form returned to the administration office to scan into the electronic file. Session notes should be electronically completed and fees put in the lock box prior to leaving the CCFTC for the day. At the end of the session, request that the client complete a Session Rating Scale and place it in the lockbox provided for surveys on the counseling center waiting room. (See previous section for fee instructions).

The counselor in training will administer the CCAPS to each adult client prior to every third session. Adult clients will complete the Counseling Behavioral Outcomes Assessment, Client Evaluation of Services, and the Counselor Evaluation once each semester but not sooner than prior to the fourth counseling session. The counselor in training will administer the Session Rating Scale at the end of **every** session.

Counselors in training should use a computer in the supervision room to complete the session notes within 48 hours using the Titanium software program. Paperclip together all of the intake information (see appendix), place in blue folder and give to CCFTC staff for faculty practicum supervisor to review and sign. Once the faculty supervisor has reviewed and signed the forms, they will be provided to the counseling administrative office to be scanned into the client’s electronic file. The paper forms are then shredded.

# CCFTC Upkeep

All counselors in training are responsible for the upkeep and maintenance of the CCFTC facility and equipment. Counselors in training are expected to return rooms and any equipment utilized to their appropriate conditions after each session and/or prior to leaving the CCFTC (even if the clinician did not find it in the appropriate condition). When unoccupied, all session room doors (with the exception of the Play Therapy Room) should remain open using the door stop; doors to the supervision rooms should be closed and locked at all times. All other doors with keypad locks should remain closed and locked when not directly in use. After hours, please make sure that lights (including lamps), computers, and monitors are turned off.

No food or drink is allowed in the supervision rooms. Water and the coffee bar beverages ONLY are allowed in the waiting and sessions rooms.

## Playroom Supplies and Equipment Upkeep

The Play Therapy Room is located in 207E. Only students who will be utilizing play in play/sand tray therapy should meet with clients in this room. Counselors in training meeting with clients but not using play therapy can use other session rooms. Toys are available to help occupy children in a regular session room. If used, counselors in training should make sure all the toys and other materials are returned to the proper location.

* *All toys, furniture, and other materials* in the Play Therapy Room are set up in a therapeutic manner andshould be returned to original positions before the counselor in training leaves the room. Counselors in training who demonstrate a pattern of noncompliance with these policies will be restricted from using these rooms. *Plans should be made to end sessions in time to allow plenty of time to clean up. The typical play therapy session lasts about 45 minutes, as opposed to the standard 50 minute session for adult clients.*
* It is important to have consistency for clients who return to the playroom and often look for the same toys from session to session. Keeping toys in the same locations consistently provides security and comfort for children. The same is true for older children, adolescents, and adults who utilize the materials.
* Therapeutic books are available in the center’s self-help library. Please note that some of these books are not appropriate for all children. Counselors in training should become familiar with the content of any book or game prior to using it in a session. DO NOT MARK ON OR ALLOW YOUR CLIENT TO MARK ON THE ORIGINAL BOOKS OR GAMES. A list of current books available is included on the shelves by the books. If you have suggestions for additional games, books, and activities, please share these with the CCFTC staff in writing.
* After the counseling session, please immediately remove any toys from the play/sand tray rooms that have been placed in anyone’s mouth or that have come into contact with bodily fluids (sneezes, coughs, etc.). It is the counselor in training’s responsibility to sanitize the toys used appropriately after each session. Please see a CCFTC staff member to obtain cleaning materials for toys used.
* Remove any toys that are broken or not functioning so that they can be repaired or replaced; give these toys to a CCFTC staff member.
* Counselors in training who desire to use art during therapy with clients may need to supply some of their own materials (i.e., markers, crayons, paint, paper, etc.) but requests can be made to the Director of Counseling Services . *ONLY WASHABLE SUPPLIES WILL BE ALLOWED. PLEASE CHECK LABELS CAREFULLY BEFORE YOU PURCHASE SUPPLIES.*
* The sand tray and sandboxes are wonderful therapeutic tools for children and adults. However, it can also be messy. Please plan limit setting strategies for children/adults when using the sand. Please clean up any spills and brush off all toys and clothes using the brushes available; use them to brush sand back into the tray or sandbox. There is a full-size broom available in the CCFTC.

# Clinical Guidelines

***Qualifications for Practicum Counselor in Training***

All practicum students in the CCFTC must be a currently enrolled graduate student at TAMUCT who is pursuing a Master of Science in Marriage and Family Therapy or Clinical Mental Health Counseling. Prerequisite to attending the CCFTC orientation all practicum students must be approved by the Faculty Practicum Coordinator as well as having read, signed, and completed all the application/training materials required for the clinic (as listed in the Clinic packet). A student is ineligible to participate as a practicum student in the CCFTC if the student has been convicted of an offense as indicated in the Texas Occupations Code. Title 2. General Provisions related to licensing, Chapter 53., Consequences of Criminal Conviction, Subchapter B. Ineligibility for License  
shttp://www.statutes.egis.state.tx.us/Docs/OC/htm/OC.53htm

## Liability Insurance

All counselors in training must purchase and show verification of current professional liability coverage in order to participate in any mental health practicum situation including the CCFTC. CCFTC does not endorse any particular professional insurance company. AAMFT endorses CPH & Associates. Students may obtain a new policy or renew an existing policy online at www.cphins.com or by calling (800) 875-1911. ACA partners with Healthcare Providers Service Organization: <http://www.hpso.com/>.

## Telephone Guidelines

Counselors in training are expected to regularly check their individual folders for messages, and should promptly return any phone calls. Clients should be directed to call the CCFTC directly if they want to cancel or reschedule an appointment, or if they want to speak with the counselor in training. Remind clients that the CCFTC direct number is (254) 519-5403. Personal phone calls should be kept to a minimum.

## Calling Clients from Home or Other Location

In general, clinicians should call clients from a location in the CCFTC. Counselors in training should not provide personal numbers, especially home contact information, to clients. Instead, have the client call the CCFTC main number (254) 519-5403. If you speak with the client and reschedule, it is the counselor in training’s responsibility (not the client’s) to call the CCFTC with this information.

## Client Care during Counselor in Training Vacations and other Absences

The CCFTC operates throughout most of the year including some times when academic classes are not in session. Counselors in training who choose to take a vacation or other type of leave from client contact, should communicate with their faculty supervisor and the Director of Counseling Services regarding plans affecting client services. Counselors in training should use Titanium to indicate that they will not be available to see clients. In this situation, counselors in training should also communicate with clients in order to make alternative arrangements for therapy and/or support services in the counselor in training’s absence (e.g., arrange for other trainee to meet with client if needed). Counselors in training are responsible for making arrangements to provide continuity of care for all clients in the event of a counselor in training in not available through illness, vacation, or leave of absence. In addition, counselors in training **must** communicate with their faculty supervisor as well as the Director of Counseling Services regarding any potential difficulties or crises for clients prior to any vacation or leave of absence. Potential issues that necessitate direct communication with a supervisor include, but are not limited to, clients at risk for suicide or intimate/domestic violence, and clients involved in impending legal issues, clients requesting copies of files. **In the event of an unplanned absence or leave (e.g., illness or accident of self or dependent), the counselor in training should contact the CCFTC staff and his/her faculty supervisor (personally or through a representative) at the earliest possible time in order to make arrangements for the clinician’s clients.** **Counselors in training who “no show” for a counseling appointment may be subject to temporary suspension from the clinic from the Director of Counseling Services. The Counseling Services Director, Faculty Practicum Supervisor and the Faculty Practicum Coordinator will corporately make the final decision as to whether to dismiss the counselor in training from the clinic for the remainder of the semester.**

## Dress Code

All counselors in training are expected to dress professionally when entering the CCFTC. All CCFTC counselors in training and faculty supervisors are expected to ensure that their dress and grooming projects a positive image of our center to all our clients and potential clients. Clothing should be clean and neat in appearance at all times. Please keep in mind that clothing that is considered to be “stylish” is not necessarily appropriate attire for a clinician to wear in session. Rule of thumb: When in doubt, change clothes. Specifically:

* Skirts should be no shorter than five inches above the knee when seated; likewise, slit skirts or dresses should not exceed this guideline.
* Sleeveless shirts or sweaters are appropriate in warmer weather on the condition that they are not excessively bare.
* Shoes should be of a professional style (no tennis shoes). Dressy sandals are acceptable as long as they are appropriate for the outfit and season. If sandals are worn, feet should be properly groomed and maintained.

The following items are considered unacceptable clinic dress:

* muscle shirts, tank tops, halter tops, spaghetti strap tops, or shirts that reveal the midriff
* torn clothing, cutoffs, and beach attire
* very low (“hip hugger”) pants or jeans
* sheer or “see through” clothing
* low necklines
* jeans
* tee-shirts, sweatshirts, sweatpants
* slippers, tennis shoes, or work boots
* clothing that is excessively revealing, distracting, provocative, or tight

**Counselors in training should also adhere to the business casual dress policy when promoting the CCFTC at public presentations or workshops, health fairs, or any other public event.**

## Recruitment

As a clinic available to the community, we are constantly on the lookout for ways to let people know about the services at the CCFTC. There are several ways counselors in training can help the CCFTC—and themselves—receive additional clients. If you meet someone who could refer potential clients but you don’t have any CCFTC brochures handy, tell them about our services and let them know they can call the center number for more information and/or brochures; the website also provides a link to brochures. Remember that you are not to invite people you know to meet with you specifically, but people you know can refer others to you. If everyone follows this policy, we will increase the client pool for everyone.

Another way to promote the CCFTC is to participate in resource fairs. The Director of Counseling Services, upon approval of the faculty practicum supervisor, may ask for volunteers to spend an hour or so to sit at a booth and answer questions or participate in other marketing events.

## Failure to Follow Clinical and Ethical Guidelines

Counselors in training are required to adhere to the national and Texas counseling ethical guidelines (American Counseling Association) that are appropriate to their profession (LPC or LMFT). The Director of Counseling Services may immediately temporarily suspend a counselor in training from the CCFTC for a serious infraction that compromises security or confidential data or that affects the well-being of a client or other member of the clinic. Failure to follow clinical and ethical guidelines, in general, may result in referral to either the Director of Counseling Services or the Faculty Practicum Coordinator. Once referred, the CCFTC clinic committee which includes: the Faculty Practicum Supervisor, Director of Counseling Services, and Faculty Practicum Coordinator will convene within three business days. The CCFTC clinic committee may confer and choose to remediate, suspend from clinical work, and/or terminate the counselor in training from the CCFTC, or take other steps to protect client welfare and clinic operations,. (Academic Due Process and Remediation measures will be those as set forth in the Handbook offered through the Department of Counseling and Psychology)

## Grievance Procedures

Clients or counselors in training with a grievance related to the Community Counseling and Family Therapy Center should direct their concern to the Director of Counseling Services. The grievance policy is posted in the waiting room.

# Recordkeeping Definitions and Standards

## The Counselor Trainee Semester Activity Sheet

Counselors in training will coordinate with the Practicum Faculty Supervisor and the Director of Counseling Services as related to hours spent in the CCFTC for the semester. After the hours have been successfully negotiated and signed, counselors in training will turn in the Counselor Trainee Semester Activity Sheet to the Director of Counseling Services to maintain in his/her file.

## Client Records

All records are to be kept current, complete, and accurate. All clinical records for each client or client family will be maintained in one electronic client file unless different modalities are determined to qualify as a separate case (e.g., couple sessions to be kept separate from family sessions); counselors in training should discuss these decisions with their faculty practicum supervisor. All client records are to be electronically maintained. Client files or other confidential information will not be removed from Counseling Services’ premises in any form, including paper, magnetic disk, compact disk, video or audio recordings, thumb drives, etc. without the prior approval of the Director of Counseling Services. Do not download or transfer any files, information or data to your laptop computer, tablet, smart phone, etc.

The CCTFC uses Titanium software to complete and track many of the client records. This program is only available in the counselor training supervision and administrative rooms; nothing from this program may be saved to a portable device (e.g., CD, USB). Each faculty practicum supervisor and counselor in training must participate in an orientation to the CCFTC including training in the use of Titanium prior to seeing clients in the CCFTC. (See Director of Counseling Services for orientation date and time). Each counselor in training should be sure s/he is proficient in the use of the Titanium before their first session. Information generated electronically in Titanium software does not need to be copied into the paper file. Some of the client forms that are required to be in counseling files are not electronically generated. A list of these non-electronic forms is included below. Forms and information not generated in Titanium will be signed by the appropriate counselor in training and practicum faculty and provided to the counseling administrative office to be scanned in Titanium software. Once the paper files are scanned into the electronic file by the CCFTC staff, they are shredded. The files to be scanned are as follows:

* Client Information and Consent Community
* Consent to Video Taping
* Client-Parental consent for counselor trainee
* Authorization for Release of Information (as appropriate)
* Consent to Treat A Minor (if applicable)
* Other paperwork received (outside agency referrals, etc.)

All forms should be individually explained to the client prior to request for completion by the client. A copy of any consent form should be provided to the client and the last maintained in his/her electronic file. Once the paper file is scanned, the paper file is to be shredded by CCFTC staff. All of the writing should be legible on the copy that is to be maintained in the electronic file. It should be explained that the recordings of any session will be used by the counselor in training and his/her faculty practicum supervisor to help improve as a clinician, and that the recordings will be deleted at the end of each semester. If the client refuses to be recorded or observed, the session should not be continued. Instead, it should be explained to the client that the CCFTC is a training facility and that counselors in training can only meet with people who are able to agree with these conditions. Those individuals refusing to comply with these policies should be offered other therapy resources. Prior to beginning the first counseling session, the limits of confidentiality, risks and benefits of therapy, and fees should be explained. The client should be informed that the CCFTC is not an emergency service and that able to immediate unscheduled attention to clients is not able to be provided. The client should also be informed of the circumstances under which we will refer them to another agency. (This information is offered in the “Client Guide to Services form that clients receive with their intake packet). The counselor in training and the faculty practicum supervisor must then also sign the Client Information and Consent Form denoting that informed consent has been obtained.

***Client Progress and Satisfaction Assessment Methods***

Counselors in training are required to have a completed client intake merged into Titanium. Counselors in training will assure that the following assessment methods are completed for each client on the time lines indicated: CCAPS--completed by all adult clients at the beginning of every 3rd session; Session Rating Scale—completed by all CCFTC clients at the end of each session; and Counselor Evaluation, Client Evaluation of Services, and the Counseling Behavioral Outcomes—near the termination of counseling but not prior to the 4th session.

## Consent for Treatment of Minor(s) (if applicable)

CCFTC staff or counselors in training will provide clients with a Consent for Treatment of Minors Form at intake if there is to be a minor (17 and under) involved in the sessions. This form needs to be completed for every case which involves children. Further legal documentation is not necessary, unless the counselor in training have reason to suspect that the guardian does not have the right to consent. In order to confirm that informed consent has been obtained from the legal parent or guardian, the counselor in training must sign this form after the parent or guardian has completed and signed it. In general, children for whom the consent for treatment of minors form has not been completed should **not** be present in the therapy room.

If the parent is not available, a grandparent, adult aunt or uncle, or adult brother or sister can consent for treatment of a minor. In addition, an adult who has the actual care, control and possession of the child and has written consent from someone who has the right to consent may consent for treatment. In these cases, the counselor in training needs to note on the Consent for Treatment of a Minor form the following information: Name of the child, Name of one or both parents, Name of the person giving consent and their relationship to the child, Nature of the treatment, Date the treatment is to begin. The CCFTC does **not** provide services for court ordered treatment that will require court testimony.

Situations in which a child may be treated as an adult in the CCFTC are:

* If the child is on active duty in the military;
* If the child is a “mature minor,” someone who is at least 16 years old, lives independently of the parents, and manages his or her own financial affairs;
* If the child is an “emancipated minor,” which is someone who has gone before a judge and been declared no longer a minor.

In these situations, the minor has full rights of confidentiality. The counselor in training can rely on the child’s written statement of the grounds on which the child can consent for treatment. When a child consents for treatment, in these situations, the counselor in training should use the standard adult Informed Consent Form, and note near the signature line the child’s statement of the reason they can consent. The counselor in training also needs to note on the form near the signature line, “The child has full rights of confidentiality.”

Because of the many situations that affect the informed consent process, the counselor in training can invite the minor client and family for the initial session to determine what consent is needed or if any of the alternatives to parental consent exist. If a counselor in training has any questions, consult the faculty practicum supervisor.

## Request for Release of Confidential Information

Request for Release of Confidential Information (if applicable) form is to be completed by the counselor in training, signed by the client(s), as well as a witness in the CCFTC prior to contacting the designated individual(s). Release of information may be either unidirectional or bidirectional; the type of release obtained should be indicated on the form by checking the corresponding box within the section “Type of Release Granted”. Make sure to fill out all of the information required on the request; be specific.

All information must be completed prior to requesting the client’s signature. Also, clients are NOT able to give consent for a Release of Confidential Information over the phone. This form must be signed in person by all individuals. The only exception to this rule would be if the outside organization has a signed release that offers appropriate information. In that case, the contact for the outside organization should be asked to fax (254-519-8703) a copy of the release to the CCFTC for the client file. At that point, the clinician may speak with the contact from the outside organization regarding the client. If the counselor in training has any doubts about the validity or completeness of the outside organization’s release, consult with the faculty practicum supervisor or the counseling services director **prior** to releasing ANY confidential information.

## Termination of Counseling

It is not unusual for clients to drop out of therapy or terminate therapy unexpectedly. In this situation, it is customary to contact the client via the method that the client indicated was acceptable in their intake form. Inform the client that their file will be closed if they do not contact the CCFTC within 10 days. Contact response information should be annotated in the client’s file (using Titanium).

Returning clients (after 6 months) should complete new client intake forms. Earlier files will be combined chronologically and duly noted in Titanium.

## Counseling Session Notes

All templates for session notes are indicated in Titanium software and should be completed as indicated. (See faculty practicum supervisor or Director of Counseling Services.) All session notes should be completed within 48 hours of each session.

The counselor in training is directed to assess for suicidal ideation or suspicion of child abuse, as is appropriate, in each session. If the counselor in training suspects suicidal ideation, suspicion of child abuse, or legal involvement, s/he must seek immediate supervisory consultation with the Director of Counseling Services and their faculty practicum supervisor. Counselors in training should utilize the particular note templates specific to emergency type situations. Phone conversations with clients should also be documented in Titanium with the exception of appointment scheduling contacts.

The counselor in training will provide a session rating scale to the client after each session. The counselor in training will request that the client complete the brief rating scale and ask the client to place it in the locked response box located in the counseling waiting on their way out of the CCFTC.

Every third session, the counselor in training will request that the adult client compete the CCAPS form. After the fourth session or near the end of the time in the sessions with the particular client will be terminated the client(s) will be asked to complete the Counseling Behavioral Outcomes and the Counselor Evaluation Forms. These forms are on the web component and can be access through the computers located in the waiting room.

## Review of CCFTC Client File

Each faculty practicum supervisor will be responsible to review client files for the students they are supervising. Files will be reviewed to ensure that records are current, complete, and accurate. For the most part, after the initial intake, faculty practicum supervisors will review and approve notes electronically in the Titanium counseling software program. Once the counselor in training completes and signs the session note, it must be forwarded for final approval from the faculty practicum supervisor. Counselors in training are expected to regularly check their notes in Titanium for any corrections requested by their faculty. Once the corrections have been made, the counselor in training should resubmit to the faculty practicum supervisor, through Titanium, the request for final approval of the note. Faculty practicum supervisors will inform CCFTC staff to not assign new clients to any counselor in training whose files are in need of significant updates until updates are completed. The Counseling Services Director will periodically run reports for any note signatures that do not have final approval.

## Recordings of Client Sessions

The counselor in training must record (audio and video) all of their client sessions. Recordings will be automatically deleted by the recording system not later than the end of the current semester. These recordings are confidential information, just like any other clinical record, and only the faculty practicum supervisor(s) and his/her specific observation classes, graduate students approved by the graduate faculty practicum director, counselors in training having signed a confidential release, the Counseling Services Director, and the counselor in training are allowed to observe recordings without the permission of the counselor in training and the individual(s) being observed. Counselors in training are observed from the supervision rooms. (Supervision 207R and Supervision 207S). All students who are assigned to observe a session must be approved by the faculty member/Director of Counseling Services and have a signed release on file with the Director of Counseling Services/Counseling administration office.

## Confidentiality and Telecommunications Security

Counselors in training are responsible for maintaining the confidentiality of all clients in all circumstances unless required by law (see exceptions below) or been provided a signed release of information by the client. All clinical records and sessions will be kept confidential, in compliance with ethical standards of the profession, except when in conflict with applicable law and judicial interpretation. Counselors in training should exercise great care not to share confidential information that could reasonably lead to the identification of a client, or other person with whom they have a confidential relationship when discussing clinical practices in class, consulting with colleagues outside the supervision time, or consulting with referral sources. Request for Release of Information forms (listed in appendix) are provided to allow counselors in training to obtain written consent from their client(s) to consult with referral sources or other professionals involved in related treatment.

A counselor in training providing couple, family, or group treatment may not disclose information outside the treatment context without a written authorization from **each** individual competent to execute a waiver. In the context of couple, family, or group treatment, the clinician may not reveal any individual’s confidences to others in the client unit without the prior written permission of that individual. According to the Informed Consent that clients receive at the beginning of therapy, the clinician may discuss individual confidences with all the family members signing the Informed Consent. Clinicians need to make sure clients understand this policy on confidentiality within couple and family treatment at the first session and whenever a family member enlists the clinician in individual confidences (i.e., “keeping a secret”).

Faculty practicum supervisors may request to be immediately notified of some clinical situations (clarify this with your supervisor; also see Exceptions to Confidentiality and Emergency Procedures below). In all situations, the counselor in training and faculty practicum supervisor must balance clinical and legal considerations and may be compelled to disclose client information to legal authorities or others outside the therapy setting. The consequences of an error in judgment can damage client welfare and expose the counselor trainee, the faculty practicum supervisor, and the institution to negligence and malpractice actions.

Exceptions to confidentiality:

1. Counselors in training, as mental health professionals, are legally obligated to report suspected child abuse or neglect AND suspected abuse of a disabled or elderly person (See Guidelines for Reporting Abuse below).
2. In the case of suspected abuse, the client should be informed of the need to report unless there is an imminent threat to the safety of other clients or the counselor in training if the client is informed. For example, if a counselor in training has reason to believe that a parent suspected of abusing his or her child would harm the child or threaten the safety of the counselor in training if told that a report was to be made, then the counselor in training should not inform the parent prior to making the report.
3. If a client is in danger of harming him/herself, the counselor in training should take action to protect the client. (See Emergency Procedures below).
4. If the client is involved in any legal proceedings and either requests copies of therapy records OR the court issues a subpoena or court order for the record, counselors in training must consult with their faculty practicum supervisor **and** the counseling services director **prior** to releasing any records. (Remember that the CCFTC does not provide client assistance for the purpose of expert testimony such as custody cases, divorce hearings, competency, etc.)
5. If a client is threatening to harm someone else, the counselor in training *may* break the confidentiality of the client and report the threat of danger to law enforcement. (See Ratliff, 2006 article for detailed description of “Duty to Warn” laws in Texas- *Journal of the TAMFT* accessible at [www.tamft.org](http://www.tamft.org))

Clinical students may not remove any confidential information from Counseling Services’ premises in any form, including paper, magnetic disk, compact disk, video or audio recordings, thumb drives, etc. without the prior approval of the Director of Counseling Services. Clinical students may not download or transfer any files, information or data to laptop computer, tablet, smart phone, etc. Failure to fulfill these obligations or conditions may result in disciplinary action, up to and including CCFTC suspension/termination or other steps to protect the client’s welfare and clinic operations.

## Guidelines for Reporting Abuse or Neglect of a Child or Disabled/Elderly Person

Counselors in training should consult with their supervisors immediately after the discovery of abuse or neglect. Reports of known or suspected abuse or neglect should then be made to Child Protective Services (CPS; online at https://www.txabusehotline.org/Default.aspx) within 48 hours of discovery; you may also contact CPS by phone at 1-800-252-5400. Print a copy of the confirmation number and put it in the client file. The online reporting forms request a large amount of information. You should have as much of the following information as possible to include in your report:

* Contact information for the clinician making the report
* The name, address, age, sex, and race of the victim
* If the victim is a child, the names and ages of other children who may live in the same home with the victim child.
* The names, ages, and primary languages of others who live in the home with the victim
* The name(s) and address(s), if known, of the person(s) believed to be responsible for the suspected abuse or neglect.
* The nature and extent of the victim’s injuries, including any evidence or previous cases of known or suspected abuse or neglect by this perpetrator
* Other individuals with knowledge of the abuse

# Emergency Procedures and Policies

## What to Do for Threat to Harm Issues:

1. Client is threatening to harm him/herself

* The counselor in training assigned to the case should assess the level of threat presented by the client, including any history of suicide attempts by the client, the sophistication of the client’s plan, the client’s access to lethal weapons or drugs, and the extent of social and familial support available to the client. This assessment should be documented in the appropriate Titanium template. After a complete assessment, the counselor in training should determine if it is appropriate to continue with counseling or defer to faculty practicum supervision for possible emergency hospitalization transportation (911). In ALL cases of possible threat to harm, the counselor in training will notify the Director of Counseling Services as soon as possible related to disposition of the situation.
* If it is decided that a client (non-student) is in need of emergency room evaluation and is considered voluntary, the following procedure will be adhered to:
  + 1. Call family member or acquaintance for transport to nearest hospital
    2. Call a taxi. The client is responsible for costs incurred.
    3. Contact Police to have ambulance transport to nearest hospital. The client is responsible for costs incurred.
* If it is decided that a client (non-student) is in need of emergency room evaluation and is considered non-voluntary, the following procedure will be adhered to:
  + 1. Contact police to have ambulance transport to Scott and White and police will follow ambulance. The client is responsible for costs incurred.

1. Client is threatening to harm someone else, including the clinician

* If a client is threatening to harm someone else who is a member of the client system (e.g., a husband threatening his wife and both are present for the therapy session) OR there is reason to believe that a client may harm the counselor in training, and the situation cannot be deescalated therapeutically, the counselor In training should contact campus security at 254.702.6534. For further details, please refer to pages 3-5 of the **Counseling Services Administrative Handbook.** If a clinician has reason to believe that a client presents a threat to someone outside the client system, the counselor in training should seek immediate consultation with his or her faculty practicum supervisor or the Director of Counseling Services in order to determine if campus police should be notified of the potential threat.

1. See the Counseling Services Policies and Procedures for further information regarding emergency type communication and concerns.

# APPENDICES

## Appendix 1: Client Guide to Services



***Appendix 2: Client Information and Consent – Community***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Client Name: Client Age:** | | | | | | |
| **CLIENT INFORMATION AND CONSENT** | | | | | | Initials |
| I understand that *no* information about my counseling will be released outside of the Counseling Center to anyone without my *written* authorization. I further understand that there are limits to confidentiality and they include the following:   1. When there is the risk of imminent harm to myself or another person, therapists have a legal and ethical duty to do whatever is necessary to protect life. 2. When a court of law orders a therapist to release information, the therapist is bound by law to comply with such an order. 3. When any individual has reason to believe that a child or mentally disabled person or an elderly person is in danger of or is being physically, emotionally, or sexually abused, that individual is obligated by law to report such abuse to the proper authorities. 4. Because confidentiality does not extend to criminal proceedings in Texas, if I am or become involved in criminal prosecution, I understand that my file may be open for court inspection. 5. Therapists are required by law to report incidences of sexual misconduct on the part of other therapists. | | | | | |  |
| I understand the limits to confidentiality stated above, and accept them as part of the conditions of participating in counseling. | | | | | |  |
| In the event that my therapist/counselor trainee reasonably believes that I am a danger, physically or emotionally, to myself or another person, I specifically consent for my therapist to contact the following person, in addition to medical and law enforcement personnel: | | | | | |  |
| **Name** | **Relationship** | | | **Telephone Number** | |  |
|  |  | | |  | |  |
| I understand that my therapist/counselor trainee may consult with other professional staff members of the Counseling Center for the purpose of providing the best possible service to meet my needs. | | | | | |  |
| I understand that if my therapist leaves the university, for any reason, my file and records will be maintained by Texas A&M University-Central Texas Counseling Services. By signing this consent form, I give my consent to allowing another licensed mental health professional in Texas A&M University-Central Texas Counseling Services to take possession of my file and records and provide me with copies upon request, or to deliver them to a therapist of my choice. | | | | | |  |
| I consent for my therapist to communicate with me by mail and by phone at the following addresses and phone numbers, and I will IMMEDIATELY advise the therapist/counselor trainee in the event of any change: | | | | | |  |
| **Address** | | **Telephone Number** | | | |  |
|  | |  | | | |  |
| I give consent to the use of my information for research purposes. This information will be used toward providing more effective teaching and counseling techniques. Any data utilized for research will have my personal identifying information removed (name, phone numbers, etc.). I may choose to withdraw my consent to participate at any time. I understand that I may contact the clinic with any questions regarding the research. | | | | | |  |
| By signing this Client Information and Consent form, I acknowledge that I have both read and understood all the terms and information contained in this form. I have asked my therapist for any needed clarification of the procedures and conditions mentioned in this form. I am satisfied with the explanations, and agree to abide by the conditions of this consent form. | | | | | |  |
| I consent to participate in individual counseling at the Community Counseling and Family Therapy Center. I understand that I may withdraw this consent at any time. | | | | | |  |
| **Signatures:** | | | | | |  |
| Client (Parent/Guardian for Minor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| Therapist or Counselor Trainee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Faculty Supervisor of Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | | | | |  |

Texas A & M University – Central Texas

Community Counseling and Family Therapy Center

Informed Consent

|  |
| --- |
| ***Appendix 3: Counseling Intake Form for Community*** |

Texas A&M University Central Texas

Community Counseling and Family Therapy Center

Adult Client Intake Form

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_Race/Ethnicity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to, please further describe your racial, cultural, ethnic or regional identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your country of origin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexual orientation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the average number of hours that you work each week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your financial situation right now:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your financial situation when growing up?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been enlisted in any branch of the US military (active duty, veteran, National Guard, etc.)?\_\_\_\_\_\_\_\_

Did your military experiences include any traumatic or highly stressful experiences which continue to bother you?\_\_\_\_\_\_\_

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of housing do you have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom do you live?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children and ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious or spiritual preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Too what extent does your religious spiritual preference play an important role in your life? Circle One

(None Very Little Moderate Slightly Significant Very Significant)

Think back over the last two weeks.

How many times have you had five or more drinks in a row? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended counseling for mental health concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taken a prescribed medication for mental health concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Been hospitalized for mental health concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Felt the need to reduce your alcohol or drug use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have others expressed concern over your alcohol or drug use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received treatment for alcohol or drug use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purposely injured yourself without suicidal intent (E.G., cutting, hitting, burning, hair pulling, etc.)\_\_\_\_\_

Seriously considered attempting suicide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Made a suicide attempt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Considered seriously injuring another person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intentionally caused serious injury to another person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Had unwanted sexual contact(s) or experience(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experienced harassing, controlling, and/or abusive behavior from another person (e.g. friend, family member, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you experienced a traumatic event that caused you to feel intense fear, helplessness, or horror? Yes or No

If you selected, “Yes” for the previous question, please briefly describe the event(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any traumatic event(s) you have experienced, witnessed, or learned about: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate how much you agree with this statement: “I get the emotional help and support I need from my family.” Circle One

(Disagree Slightly Disagree Neither Agree/Disagree Slightly Agree Agree)

Please indicate how much you agree with this statement: “I get the emotional help and support I need from my social network (e.g., friends & acquaintances).”Circle One

(Disagree Slightly Disagree Neither Agree/Disagree Slightly Agree Agree)

Name of personal health care physician, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe any current physical or medical problems including any prescription or non-prescription

Medications you are taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently being treated by another mental health provider? \_\_\_\_\_\_\_\_\_\_

If you answered yes to the previous question, briefly describe who you saw, the nature of your problem(s) and how long you have been treated by this individual? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have someone you can rely on in a crisis? Y or N

If you answered yes to the previous question, who would that be and what relationship are they to you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the reason you are seeking counseling services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred you to counseling Services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received counseling from this office before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered yes to the previous question, briefly describe who you saw, the nature of your problem(s) and when this occurred. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were referred by administrator/employer, does he or she need to receive a confirmation of your visit? Please remember that before any information can be released from Counseling Services, a “Release of Information” form must be filled out and signed by you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 4 Consent to Video Taping**

**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center**

CLIENT – CONSENT TO COUNSELING AND VIDEO TAPING BY

COUNSELOR TRAINEE

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Print name of Parent/Guardian (if client is under age of 18) | | |
| Please review and check boxes. | | |
|  | I agree to be counseled by a counselor trainee in the master’s degree counseling program of the Department of Counseling at Texas A&M University-Central Texas. This trainee is a graduate student who has completed advanced coursework in counseling and is supervised by a faculty supervisor. | |
|  | I further consent to the recordings by audio or video taping of these counseling sessions for the purpose of supervision and evaluation of my counselor’s work. **The sole purpose of these recordings is to improve my counselor trainee’s skills.** I understand these recordings may be reviewed during individual or group supervision meetings directed by my counselor’s faculty instructor, faculty supervisor, and/or Director of Counseling Services.  I understand that there is a possibility that my session may be remotely observed by other student-trainees and their faculty for training purposes. All students and faculty keep observations confidential. | |
| All recordings are considered confidential material and will be treated with professional respect and courtesy according to the Code of Ethics of the American Counseling Association. Tapes will be erased/destroyed after review. No recordings will be maintained after the current university semester is completed. | | |
| NOTE: As a client or parents, you may request a copy of this form. Thank you for your willingness to participate in the training of competent professional counselors. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Client (or Parent/Guardian is client is under 18 years of age) | | Date: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Counselor Trainee | | Date: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Faculty Supervisor | | Date: |

***Appendix 5: Consent for Treatment of Minors***

**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center**

**CONSENT FOR TREATMENT OF MINORS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/Guardian Name(s):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Counselor in Training’s Name(s):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **This is to certify that I give my permission to the Family Life Center and the clinician(s) listed above for treatment of my child(ren).** | | | | |
| **I/we, the legal parent(s) or guardian(s) of the minor child(ren):** | | | | |
| Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Child’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Child’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Child’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Child’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **I/We grant my/our permission for any psychotherapy that the staff of the Counseling Center and Family Therapy Center (CCFTC) may deem necessary in individual, marital or family psychotherapy. I/we understand the potential for emotional discomfort and relationship changes not originally intended. I/we understand that CCFTC does not guarantee any particular results or outcome from the psychotherapy process.** | | | | |
| Parent/Guardian Initials \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **I/We consent to recording and/or direct observation of client sessions and to observation by professionals-in-training and clinical supervisors.** | | | | |
| Parent/Guardian Initials \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **I understand and agree to the confidentiality policies of the CCFTC. These include the exceptions to confidentiality mandated by state law. These also include the possibility of sharing information disclosed in individual sessions, phone conversations, or written messages with those family members who have consented to treatment information.** | | | | |
| Parent/Guardian Initials \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **I/We understand the risks as explained above. I/we understand that the CCFTC is not an emergency facility. In the event of an emergency, I/we agree to contact the Killeen MHMR hotline 800.888.4036 or 911. During normal business hours, we can be reached at 254-519-5403.** | | | | |
| Parent/Guardian Initials \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **I/We agree to pay the fee of $\_\_\_\_\_ per session for services.** | | | | |
| Parent/Guardian Initials \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **To be signed by a legal parent or guardian:** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | \_\_\_\_\_\_\_\_ |
| Printed Name of Parent/Guardian | Signature of Parent/Guardian | | | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_ |
| CCFTC Counselor in Training Printed Name | CCFTC Counselor in Training Signature | | | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_ |
| Practicum Faculty Supervisor Printed Name | Practicum Faculty Supervisor Signature | | | Date |

***Appendix 6 Child/Adolescent Client Intake Form***

Texas A&M University Central Texas

Community Counseling and Family Therapy Center

Minor Intake Packet

PERSONAL HISTORY – CHILDREN & ADOLESCENTS

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_F \_\_\_M Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade in School: \_\_\_\_

Form Completed By (if someone other than client): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_

Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ext. \_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you need any more space for any of the following questions please use the back of the sheet.**

Primary reason(s) for seeking services:

\_\_\_ Anger Management \_\_\_ Anxiety \_\_\_ Coping

\_\_\_ Depression \_\_\_ Eating Disorder \_\_\_ Fear/Phobias

\_\_\_ Mental Confusion \_\_\_ Sexual Concerns \_\_\_ Sleeping Problems

\_\_\_ Addictive Behaviors \_\_\_ Alcohol/Drugs \_\_\_ Hyperactivity

\_\_\_ Other Mental Health Concerns (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family History**

**Parents**

With whom does the child live at this time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are parents’ divorced or separated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, who has legal custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were the child’s parents ever married? \_\_\_ Yes \_\_\_ No

Is there any significant information about the parents’ relationship or treatment toward the child which might be beneficial in counseling? \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s Mother**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FT/PT

Where Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the child currently living with mother? \_\_\_ Yes \_\_\_ No

\_\_\_ Natural Parent \_\_\_ Step-Parent \_\_\_ Adoptive Parent \_\_\_Foster Home \_\_\_Other: \_\_\_\_\_\_\_\_\_

Is there anything notable, unusual or stressful about the child’s relationship with the mother?

\_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is the child disciplined by the mother? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For what reasons is the child disciplined by the mother? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s Father**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FT/PT

Where Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the child currently living with father? \_\_\_ Yes \_\_\_ No

\_\_\_ Natural Parent \_\_\_ Step-Parent \_\_\_ Adoptive Parent \_\_\_Foster Home \_\_\_Other: \_\_\_\_\_\_\_\_\_

Is there anything notable, unusual or stressful about the child’s relationship with the father?

\_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is the child disciplined by the father? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For what reasons is the child disciplined by the father? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s Siblings and Others Who Live in the Household**

Names of Siblings Age Gender Lives Quality of Relationship with Client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M/F \_\_\_Home \_\_\_Away \_\_\_Poor \_\_\_Average \_\_\_Good

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M/F \_\_\_Home \_\_\_Away \_\_\_Poor \_\_\_Average \_\_\_Good

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M/F \_\_\_Home \_\_\_Away \_\_\_Poor \_\_\_Average \_\_\_Good

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M/F \_\_\_Home \_\_\_Away \_\_\_Poor \_\_\_Average \_\_\_Good

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M/F \_\_\_Home \_\_\_Away \_\_\_Poor \_\_\_Average \_\_\_Good

Others Living in the Household Relationship (e.g., cousin, foster child, grandparent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M/F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Poor \_\_\_Average \_\_\_Good

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M/F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Poor \_\_\_Average \_\_\_Good

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M/F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Poor \_\_\_Average \_\_\_Good

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M/F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Poor \_\_\_Average \_\_\_Good

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Health History**

Have any of the following diseases occurred among the child’s blood relatives? (Parents, siblings, aunts, uncles, or grandparents) Check all that apply.

\_\_\_ Allergies \_\_\_ Deafness \_\_\_ Muscular Dystrophy

\_\_\_ Anemia \_\_\_ Diabetes \_\_\_ Nervousness

\_\_\_ Asthma \_\_\_ Glandular Problems \_\_\_ Perceptual Motor Disorder

\_\_\_ Bleeding Tendency \_\_\_ Heart Diseases \_\_\_ Mental Retardation

\_\_\_ Blindness \_\_\_ High Blood Pressure \_\_\_ Seizures

\_\_\_ Cancer \_\_\_ Kidney Disease \_\_\_ Spinal Bifida

\_\_\_ Cerebral Palsy \_\_\_ Mental Illness \_\_\_ Suicide

\_\_\_ Cleft Lips \_\_\_ Migraines \_\_\_ Multiple Sclerosis

\_\_\_ Cleft Palate \_\_\_ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments regarding Family Health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Childhood/Adolescent History**

**Pregnancy/Birth**

Was the pregnancy with the child planned? \_\_\_ Yes \_\_\_ No Length of Pregnancy: \_\_\_\_\_\_\_\_\_\_

Mother’s age at child’s birth: \_\_\_\_ Father’s age at child’s birth: \_\_\_\_

Child was number \_\_\_ of \_\_\_ total children.

While pregnant, did the mother smoke? \_\_\_ Yes \_\_\_ No If yes, what amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the mother use drugs or alcohol? \_\_\_ Yes \_\_\_ No If yes, type/amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

While pregnant, did the mother have any emotional difficulties? (e.g., surgery, hypertension, medication) \_\_\_ Yes \_\_\_ No

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any physical or emotional complications with the delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any complications for the mother or baby after the birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infancy/Toddlerhood** (Check all that apply):

\_\_\_ Breast Fed \_\_\_ Milk Allergies \_\_\_ Vomiting \_\_\_ Diarrhea

\_\_\_ Bottle Fed \_\_\_ Rashes \_\_\_Colic \_\_\_ Constipation

\_\_\_ Not Cuddly \_\_\_ Cried Often \_\_\_ Rarely Cried \_\_\_ Overactive

\_\_\_ Trouble Sleeping \_\_\_ Lethargic \_\_\_ Irritable When Awakened

\_\_\_ Resisted Solid Food

**Developmental History** (Please note the approximate age at which the following behaviors took place)

Sat Alone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dressed Self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Took 1st Steps: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tied Shoelaces: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spoken Words: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rode Two-wheeled Bike: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spoke Sentences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Toilet Trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weaned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fed Self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dry During Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dry During Night: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Compared with others in the family, child’s development was: \_\_\_ slow \_\_\_ average \_\_\_ fast

Age for following occurrences (fill in where applicable):

Began Puberty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Menstruation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voice Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Convulsions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breast Development: \_\_\_\_\_\_\_\_\_\_\_\_\_ Injuries or Hospitalizations: \_\_\_\_\_\_\_\_\_\_\_\_\_

Issues that affected child’s development (e.g., physical/sexual abuse, inadequate nutrition, neglect, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cultural/Ethnic Background**

To which cultural or ethnic group, if any, do you belong? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you experiencing any problems due to cultural or ethnic issues? \_\_\_ Yes \_\_\_ No

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Cultural/Ethnic Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spiritual/Religious Background**

How important are spiritual matters to your child? \_\_\_ Not \_\_\_ Little \_\_\_ Moderate \_\_\_ Very

Is your child affiliated with a spiritual or religious group? \_\_\_ Yes \_\_\_ No

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like your spiritual/religious beliefs incorporated into the counseling? \_\_\_ Yes \_\_\_ No

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

Current school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Type of school: \_\_\_ Public \_\_\_ Private \_\_\_ Home schooled \_\_\_ Other (specify): \_\_\_\_\_\_\_

Grade: \_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_ School Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In special education? \_\_\_ Yes \_\_\_ No If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In gifted program? \_\_\_ Yes \_\_\_ No If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child ever been held back in school? \_\_\_ Yes \_\_\_ No If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which subjects does the child enjoy in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which subjects does the child dislike in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What grades does the child usually receive in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any recent changes in the child’s grades? \_\_\_ Yes \_\_\_ No If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has the child been tested psychologically? \_\_\_ Yes \_\_\_ No If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the descriptions which specifically relate to your child.

**Feelings about School Work:**

**\_\_\_** Anxious \_\_\_ Passive \_\_\_ Enthusiastic \_\_\_ Fearful \_\_\_ Eager \_\_\_ No expression \_\_\_ Bored \_\_\_ Rebellious \_\_\_ Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_

**Approach to School Work:**

**\_\_\_** Organized \_\_\_ Industrious \_\_\_ Responsible \_\_\_ Interested \_\_\_ Self-directed

\_\_\_ No initiative \_\_\_ Refuses \_\_\_ Does only what is expected \_\_\_ Sloppy \_\_\_ Disorganized

\_\_\_ Cooperative \_\_\_ Doesn’t complete assignments \_\_\_ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Performance in School (Parent’s Opinion):**

**\_\_\_** Satisfactory \_\_\_ Underachiever \_\_\_ Overachiever \_\_\_Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Peer Relationships:**

\_\_\_ Spontaneous \_\_\_ Follower \_\_\_ Leader \_\_\_ Difficulty making friends

\_\_\_ Makes friends easily \_\_\_ Long-time friends \_\_\_ Shares easily

\_\_\_ Other (describe): \_\_\_\_\_\_\_\_\_

Who handles responsibility for your child in the following areas?

School: \_\_\_ Mother \_\_\_ Father \_\_\_ Shared \_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health: \_\_\_ Mother \_\_\_ Father \_\_\_ Shared \_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problem behavior: \_\_\_ Mother \_\_\_ Father \_\_\_ Shared \_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

If the child is involved in a vocational program or works a job, please fill in the following:

What is the child’s attitude toward work? \_\_\_ Poor \_\_\_ Average \_\_\_ Good \_\_\_ Excellent

Current employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_ Hours per week: \_\_\_\_\_\_

How have the child’s grades in school been affected since working?

\_\_\_ Lower \_\_\_ Same \_\_\_ Higher

How many previous jobs or placements has the child had? \_\_\_\_\_\_\_

Usual length of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Usual reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Leisure/Recreational** Describe special areas of interest or hobbies (e.g., art, books, crafts, physical fitness, sports, outdoor activities, church activities, walking, exercising, diet/health, hunting, fishing, bowling, school activities, scouts, etc.)

Activity How often now? How often in the past?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical/Physical Health**

**\_\_\_** Abortion \_\_\_ Hay-fever \_\_\_ Pneumonia \_\_\_ Asthma \_\_\_ Heart trouble \_\_\_ Polio

\_\_\_ Blackouts \_\_\_ Hepatitis \_\_\_ Pregnancy \_\_\_ Bronchitis \_\_\_ Hives \_\_\_ Rheumatic Fever

\_\_\_ Cerebral Palsy \_\_\_ Influenza \_\_\_ Scarlet Fever \_\_\_ Chicken Pox \_\_\_ Lead poisoning

\_\_\_ Seizures \_\_\_ Congenital problems \_\_\_ Measles \_\_\_ Severe colds \_\_\_ Croup \_\_\_ Meningitis \_\_\_ Severe head injury \_\_\_ Diabetes \_\_\_ Miscarriage \_\_\_ Sexually transmitted disease

\_\_\_ Diphtheria \_\_\_ Multiple sclerosis \_\_\_ Thyroid disorders \_\_\_ Dizziness \_\_\_ Mumps

\_\_\_ Vision problems \_\_\_ Ear aches \_\_\_ Muscular Dystrophy \_\_\_ Wearing glasses

\_\_\_ Ear infections \_\_\_ Nose bleeds \_\_\_ Whooping cough \_\_\_ Eczema

\_\_\_ Other skin rashes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Encephalitis \_\_\_ Paralysis \_\_\_ Fevers

\_\_\_ Pleurisy \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any current health concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any recent health or physical changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please check if there have been any recent changes in the following:

\_\_\_ Sleep patterns \_\_\_ Eating patterns \_\_\_ Behavior \_\_\_ Energy level \_\_\_ Physical activity level \_\_\_ General disposition \_\_\_ Weight \_\_\_ Nervousness/tension

Describe changes in areas in which you checked above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Most recent examinations**

Date Reason Results

Last physical exam \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Last doctor’s visit \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Last vision exam \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Last hearing exam \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Most recent surgery \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Other surgery \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Upcoming surgery \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Family history of medical problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Medications**

Current prescribed medications Dose Dates Purpose \_\_Side effects

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current over-the-counter meds Dose Dates Purpose Side effects

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic to any medications or drugs? \_\_\_ Yes \_\_\_ No

If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nutrition**

Meal How often Typical foods eaten Typical amount eaten

(times per week)

Breakfast \_\_\_ / week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No / Low / Med / High Lunch \_\_\_ / week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No / Low / Med / High

Dinner \_\_\_ / week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No / Low / Med / High Snacks \_\_\_ / week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No / Low / Med / High Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chemical Use History**

Does the child/adolescent use or have a problem with alcohol or drugs? \_\_\_Yes \_\_\_No

If Yes, describe & complete information below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substance Method of Use Frequency Age of Age of Use in Last Use in Last

And Amount of Use First Use Last Use 48 Hrs. 30 Days

Yes/No Yes/No

Alcohol \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Barbiturates \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valium/Librium \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cocaine/Crack \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heroin/Opiates \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marijuana \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PCP/LSD/Mescaline\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inhalants \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caffeine \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nicotine \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Over the counter \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription drugs\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other drugs \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Substance of preference

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Substance Abuse Questions to be answered by Child/Adolescent**

Describe when and where you typically use substances:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe any changes in your use patterns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe how your use has affected family or friends (include their perceptions of your use): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) for use:

\_\_\_ Addicted \_\_\_ Build confidence \_\_\_ Escape \_\_\_ Self-medication \_\_\_ Socialization \_\_\_ Taste \_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you believe your substance use affects your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who or what has helped you in stopping or limiting your use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does/Has someone in your family present/past have/had a problem with drugs or alcohol?

\_\_\_ Yes \_\_\_ No If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you had withdrawal symptoms when trying to stop using drugs or alcohol?

\_\_\_ Yes \_\_\_ No If Yes, describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you had adverse reactions or overdose to drugs or alcohol? (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does your body temperature change when you drink? \_\_\_ Yes \_\_\_ No If Yes, describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have drugs or alcohol created a problem for your job or school? \_\_\_ Yes \_\_\_ No

If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counseling/Prior Treatment History**

*Information about* ***child/adolescent*** *(past and present):*

Child/Adolescent’s reaction

Yes / No When Where to experience

Counseling/Psychiatric

Treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suicidal

thoughts/attempts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug/alcohol treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalizations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Involvement with

self-help groups \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g., AA, Al-Anon, NA, Overeaters Anonymous)

*Information about* ***family/significant others*** *(past and present):*

Child/Adolescent’s reaction

Yes / No When Where to experience

Counseling/Psychiatric

Treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suicidal

thoughts/attempts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug/alcohol treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalizations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Involvement with

self-help groups \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g., AA, Al-Anon, NA, Overeaters Anonymous)

**Behavioral/Emotional** Please check any of the following that are typical for your child: ­­­

\_\_\_ Affectionate \_\_\_ Frustrated easily \_\_\_ Sad \_\_\_ Aggressive \_\_\_ Gambling \_\_\_ Selfish

\_\_\_ Alcohol problems \_\_\_ Generous \_\_\_ Separation anxiety \_\_\_ Angry \_\_\_ Hallucinations \_\_Sets fires \_\_\_ Anxiety \_\_\_ Head banging \_\_\_ Sexual addiction \_\_\_ Attachment to dolls

\_\_\_ Heart problems \_\_\_ Sexual acting out \_\_\_ Avoids adults \_\_\_ Hopelessness \_\_\_ Shares

\_\_\_ Bedwetting \_\_\_ Hurts animals \_\_\_ Sick often \_\_\_ Blinking \_\_\_ Jerking \_\_\_ Timid

\_\_\_ Imaginary friends \_\_\_ Short attention span \_\_\_ Bizarre behavior \_\_\_ Impulsive \_\_\_ Shy

\_\_\_ Bullies \_\_\_ Threatens \_\_\_ Irritable \_\_\_ Sleeping problems \_\_\_ Careless \_\_\_ Reckless

\_\_\_ Lazy \_\_\_ Slow moving \_\_\_ Chest pains \_\_\_ Learning problems \_\_\_ Soiling \_\_\_ Clumsy \_\_\_ Lies frequently \_\_\_ Speech problems \_\_\_ Confident \_\_\_ Listens to reason \_\_\_ Steals

\_\_\_ Cooperative \_\_\_ Loner \_\_\_ Stomach aches \_\_\_ Cyber addiction \_\_\_ Low self-esteem

\_\_\_ Suicidal threats \_\_\_ Defiant \_\_\_ Messy \_\_\_ Suicidal attempts \_\_\_ Depression \_\_\_ Moody \_\_\_ Talks back \_\_\_ Destructive Nightmares \_\_\_ Teeth grinding \_\_\_ Difficulty speaking

\_\_\_ Obedient \_\_\_ Thumb sucking \_\_\_ Dizziness \_\_\_ Often sick \_\_\_ Tics or twitching

\_\_\_ Drugs dependence \_\_\_ Oppositional \_\_\_ Unsafe behaviors \_\_\_ Eating disorder

\_\_\_ Over active \_\_\_ Unusual thinking \_\_\_ Enthusiastic \_\_\_ Overweight \_\_\_ Weight loss

\_\_\_ Excessive masturbation \_\_\_ Panic attacks \_\_\_ Withdrawn \_\_\_ Expects failure \_\_\_ Phobias \_\_\_ Worries excessively \_\_\_ Fatigue \_\_\_ Poor appetite \_\_\_ Fearful \_\_\_ Psychiatric problems \_\_\_ Frequent injuries \_\_\_ Quarrels \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any of the above (or other) concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How are your child’s problematic behaviors generally handled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What are the family’s favorite activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What does the child/adolescent do with unstructured time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has the child/adolescent experienced death? (friends, family pets, other) Yes / No

At what age? ­­­­­­­­\_\_\_\_ If Yes, describe the child’s/adolescent’s reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have there been any other significant changes or events in your child’s life? (family, moving, fire, etc.) Yes / No If Yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any additional information that you believe would assist us in understanding your child/adolescent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional information that would assist us in understanding current concerns or problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What are your goals for the child’s therapy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What family involvement would you like to see in the therapy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you believe the child is suicidal at this time? Yes / No If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Staff Use**

Therapist’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Therapist’s signature/credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physical exam: Required / Not required

Supervisor’s signature/credentials:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Certifies case assignment, level of care and need for exam)

***Appendix 7 Adult Session Rating Scale (SRS V.3.0)***

**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center**

**SESSION RATING SCALE (SRS V.3.0)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs):\_\_\_\_  ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Please rate today’s session by placing a mark on the line nearest to the description that best fits your experience. |

**Relationship**

I felt heard, understood, and respected.

I did not feel heard, understood, and respected.

I---------------------------------------------------------------I

**Goals and Topics**

We worked on and talked about what I wanted to work on and talk about.

We did *not* work on or talk about what I wanted to work on and talk about.

I---------------------------------------------------------------I

**Approach or Method**

The therapist’s approach is a good fit for me.

The therapist’s approach is not a good fit for me.

I----------------------------------------------------------------I

**Overall**

Overall, today’s session was right for me.

There was something missing in the session today.

I---------------------------------------------------------------I

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***Appendix 8 Child Session Rating Scale (CSRS)***

**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center**

**CHILD SESSION RATING SCALE (CSRS)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs):\_\_\_\_  Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| How was our time together today? Please put a mark on the lines below to let us know how you feel. |

**Listening**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did not always listen to me.

What we did and talked about was not really that important to me**.**

I did not like what we did today.

\_\_\_\_\_\_\_\_\_\_\_

Listened to me.

I----------------------------------------------------------------I

**How Important**

What we did

and talked about

were important

to me.

I---------------------------------------------------------------I

**What We Did**

I liked what we did today.

I---------------------------------------------------------------I

**Overall**

I hope we do the same kind of things next time.

I wish we could do something different.

I---------------------------------------------------------------I

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***Appendix 9 Young Child Session Rating Scale (YCSRS)***

**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center**

**YOUNG CHILD SESSION RATING SCALE (YCSRS)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs):\_\_\_\_  Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Choose one of the faces that show how it was for you to be here today. Or, you can draw one below that is just right for you. |

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***Appendix 10 Group Session Rating Scale (GSRS)***

**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center**

**GROUP SESSION RATING SCALE (GSRS)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs):\_\_\_\_  ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Please rate today’s group by placing a mark on the line nearest to the description that best fits your experience. |

**Relationship**

I felt understood, respected, and accepted by the leader and the group.

I did not feel understood, respected, and/or accepted by the leader and/or the group.

I-----------------------------------------------------------I

**Goals and Topics**

We worked on and talked about what I wanted to work on and talk about.

We did *not* work on or talk about what I wanted to work on and talk about.

I------------------------------------------------------------I

**Approach or Method**

The leader and group’s approach is a good fit for me.

The leader and/or the group’s approach is a not a good fit for me.

I------------------------------------------------------------I

**Overall**

There was something missing in group today—I did not feel like a part of the group.

Overall, today’s group was right for me—I felt like a part of the group.

I-------------------------------------------------------------I

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***Appendix 11 Organizational Chart for the School of Education, Psychology, and Counseling***

**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center**

**Organizational Chart for the School of Education, Psychology, and Counseling**

***Appendix 12 Counselor in Training Weekly Room Reservation/Activity Sheet***

**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center**

**COUNSELOR IN TRAINING WEEKLY AVAILABILITY**

**Counselor in Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Practicum Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day of the Week:** | **Hours Availability (indicate hours available to see clients – minimum 5 hours per week in clinic)** | **Classroom Hours:**  **(usually 3 hours per week)** | **Total Hours:** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |

**Total Clinic and Classroom Hours (must total 8 hours minimum): \_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Counselor Trainee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Signature of Director of Counseling Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Signature of Faculty Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

***Appendix 13 Counselor Trainee Personal Data Information***

**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center**

**COUNSELOR TRAINEE PERSONAL DATA INFORMATION**

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Practicum Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major field of study (check one): LPC LMFT

Level of Education (check one): Graduate

Current Practicum Level (check one) 1 2 3

\*Please remember to provide the Director of Counseling Services with an updated copy of your resume.

***Appendix 14 Trainee Consent for Video and Audio Taping***

**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center**

**TRAINEE CONSENT FOR VIDEO AND AUDIO TAPING**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to allow recordings (by audio or video) of counseling interviews during my practicum training this semester.

I understand that these tapes are strictly confidential and will be used for limited supervisory purposes only. I also understand that any of the above tapes that are reviewed by my faculty supervisor and/or Director of Counseling Services are to be treated in accordance with the current American Counseling Association Code of Ethics.

Trainee’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Supervisor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Appendix 15 Authorization for Release of Information***

**Texas A&M University-Central Texas**

**Community Counseling and Family Therapy Center**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Date of Birth: | | | | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | | | | |
| City: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | State: | | \_\_\_\_\_\_\_\_\_\_ | | | | Zip Code: | | | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Student ID#: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Client Phone Number: | | | | | | | ( ) - | | |
| I authorize Counseling Services to release  information to: | | | | AND/OR | | | | | I authorize Counseling Services to obtain  information from: | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Name of Provider or Facility | | | | | | Name of Provider or Facility | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Address | | | | | | Address | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Phone #/Fax # (Include area code) | | | | | | Phone #/Fax # (Include area code) | | | | | | | | | | | | | |
| PURPOSE OF THIS REQUEST: (check one) | | | | | | Personal | | | | | | | | | Other | | | | |
| TYPE OF RECORDS AUTHORIZED: | | | | | | Psychiatric/Psychological Evaluation and/or Treatment | | | | | | | | | | | | | |
| SPECIFIC INFORMATION AUTHORIZED: (select one or more as appropriate) | | | | | | | | | | | | | | | | | | | |
| Assessments | | | Progress Notes | | | Laboratory Test Results: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Diagnostic Impression | | | Discharge Summary | | | Treatment Plans | | | | | | | | | | | | | |
| Treatment Summary | | | Other (please describe): | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| One-time Use/Disclosure: I authorize the one-time use or disclosure of the information described above to the person/provider/organization/facility/program(s) identified. My authorization will expire | | | | | | | | | | | | | | | | | | | |
| When the requested information has been sent/received. | | | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| 90 days from this date. | | | | | | | | | | | | | | | | | | | |
| Periodic Use/Disclosure: I authorize the periodic use/disclosure of the information described above to the person/provider/organization/facility/program(s) identify as often as necessary to fulfill the purpose identified in this document | | | | | | | | | | | | | | | | | | | |
| My authorization will expire: | | | | | | | | | | | | | | | | | | | |
| When I am no longer receiving services from Counseling Services. | | | | | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| One year from this date. | | | | | | | | | | | | | | | | | | | |
| ***I understand that:***   * **I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment.** * **I may cancel this authorization at any time by submitting a *written* request to Counseling Services, except where a disclosure has already been made in reliance on my prior authorization.** * **If the person of the facility receiving this information is not a health care or medical insurance provider covered by privacy regulations, the information stated above could be redisclosed.** * **If the authorized information is protected by Federal Confidentiality Rules 42CFR, Part 2, it may not be disclosed without my written consent unless otherwise provided for in the regulations.** * **Release of HIV-related information requires additional information.** | | | | | | | | | | | | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature of Client or Representative: | | | | | | | | | | | | | | | | | | Date: | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Witness: | | | | | | | | | | | | | | | | | | Date: | |
| Relationship to Client (*if requester is not the client)*: | | | | | Parent | | | Legal Guardian | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Patient or Representative has been provided a copy of this authorization | | | | | | | | | | |  | | | | | | | | |
| *Staff member providing copy* | | | | | | | | | | | | | | | | | | | |

**Appendix 16 Telephone Screening Evaluation**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Telephone intake date*)

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Gender: M / F

Client DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Family Members: \_\_\_\_ Annual Family Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Single, Married, Separated, Divorced, Living Together, Widowed, No Response

Self-Reported Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle Ethnicity: 1 White-NH; 2 White Hispanic; 3 Black-NH; 4 Asian-NH; 5 Am Indian-NH; 6 Am Indian & White-NH; 7 Asian & White-NH; 8 Am Indian & Black-NH; 9 Black & White-NH; 10 Am Indian & White Hispanic; 11 Am Indian & Hispanic; 12 Black & Hispanic; 13 Pacific Islander; 14 Other Race Combination; 15 Not Available

(If minor, Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) (If in school, grade level:\_\_\_\_\_\_\_)

Counseling: $\_\_\_\_\_\_\_\_ per session

Psychoeducational Assessment: $ 95 per assessment

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OK to leave msg? YES/NO Intake Explained? YES/NO Client told re video/supervision? YES/NO Legal Referral? YES/NO

Presenting Problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment of suicidal risk: (Hx previous therapy?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health and medications: (Hx meds; hospitalization; Hx of family members?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer recommendations (indicate type of case): Routine Emergent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone intake done by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

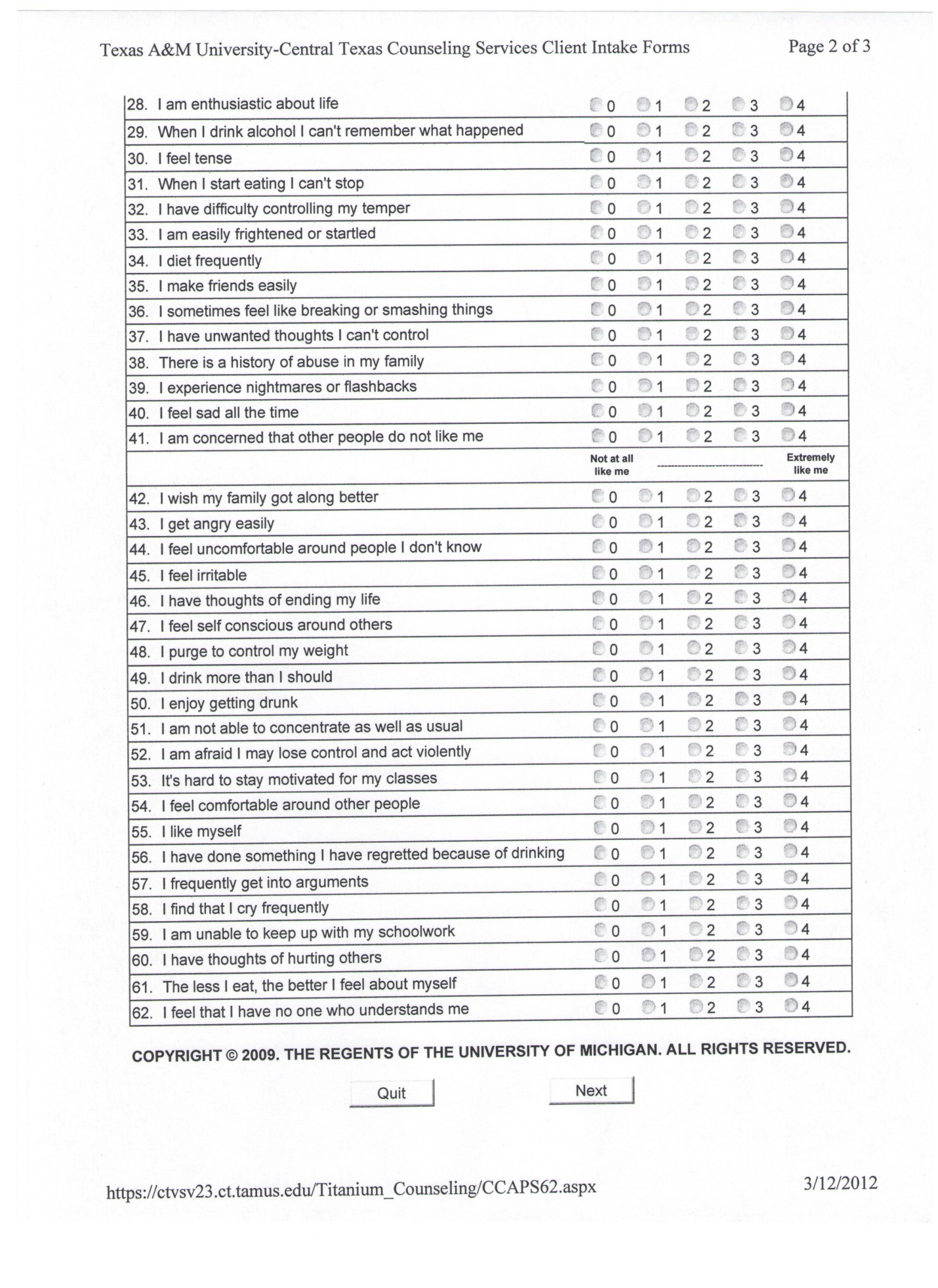
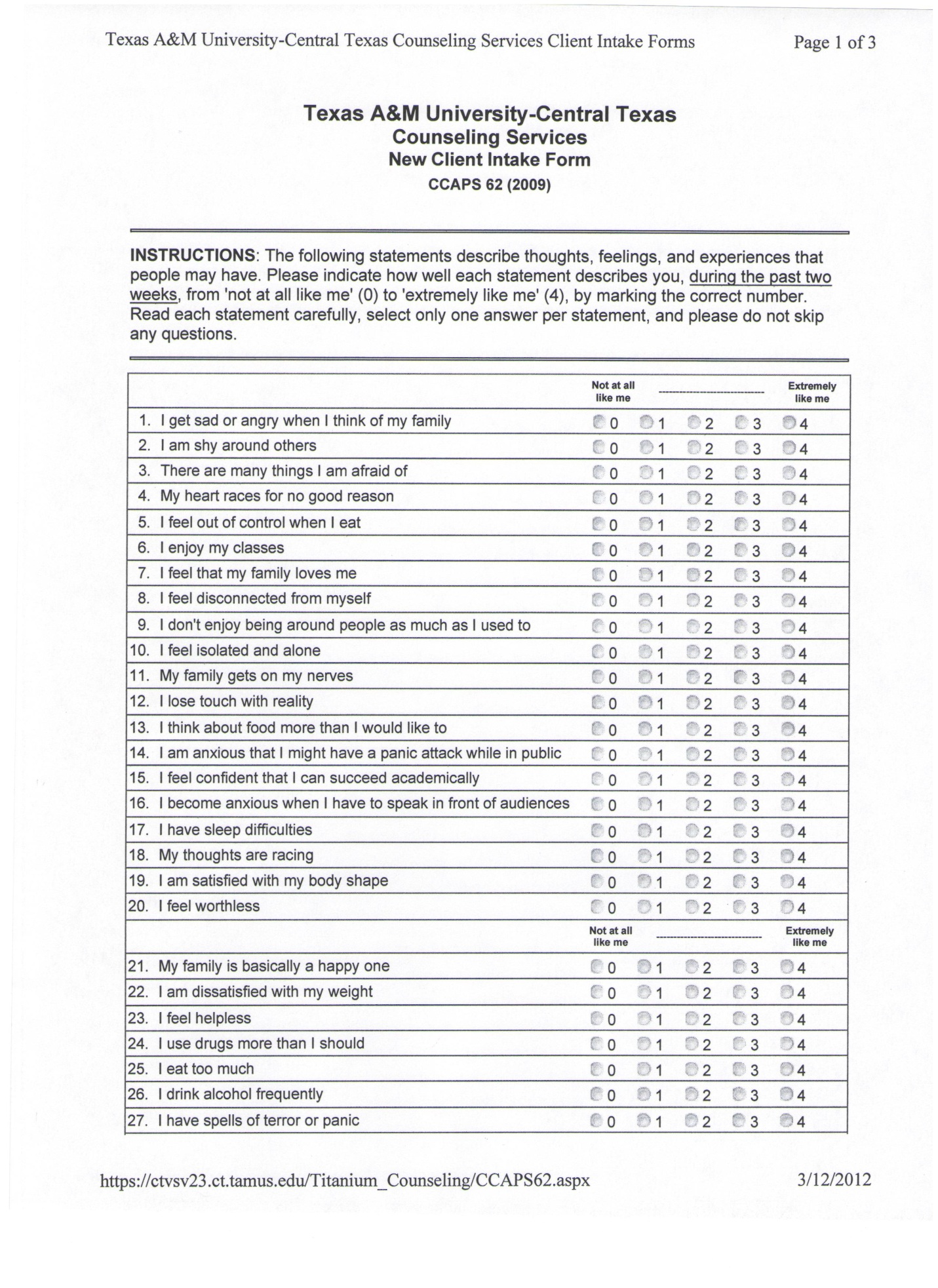
Intake scheduled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake Student Assignment Date

**DO NOT REMOVE THIS SHEET FROM CLINIC!!!**

**If not seen for intake session, please indicate phone contact attempts and disposition on Titanium**

## Appendix 17 CCAPS 62 (2009)



**Appendix 18 Psychoeducational/Presentation Evaluation**

**Counseling Services**

**Counseling Center**

**Psychoeducational Program/Presentation Evaluation**

On a scale of 1-5 please indicate your level of agreement with the following statements. Please circle the answer that best explains your answer.

1. I understood the goals for the program/presentation.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. I feel accepted and respected during the program/presentation.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. From the information gathered from the presentation, I feel better able to make decisions.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. I believe the program/presentation will help me to make positive changes.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. The program/presentation helped to learn information/skills that will help me with work, school, and/or my personal life.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. The program/presentation offered me to information toward dealing with my personal concerns so that I can focus my attention more effectively on my academic work/employment.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. I would refer my friends to attend this program/presentation.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. I regard the Counseling Center as an important part of the university.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. This program/presentation will help me be more successful in school or work (if a TAMUCT employee).

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. Overall, I am satisfied with the quality of this program/presentation.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. How could we improve the programming at the Counseling Center? Recommendations for other programming?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 19 CCFTC Counselor Evaluation**

**Counseling Services**

**Community Counseling and Family Therapy Center**

**Counselor Evaluation**

On a scale of 1-5 please indicate your level of agreement with the following statements. Please circle the answer that best explains your answer.

1. My counselor has worked with me to set goals for counseling.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. My counselor is working with me to make progress toward my goals.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. My counselor is helping me to understand myself better.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. I feel accepted and respected by my counselor.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. I am encouraged by my counselor to make my own decisions.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. My counselor seems knowledgeable about my issues.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. I am satisfied with the scheduling.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. My counselor has helped me to learn information/skills that will help me with school, work, and/or my personal life..

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. My counselor is helping me to deal with my personal concerns so that I can focus my attention more effectively on work/family, etc.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

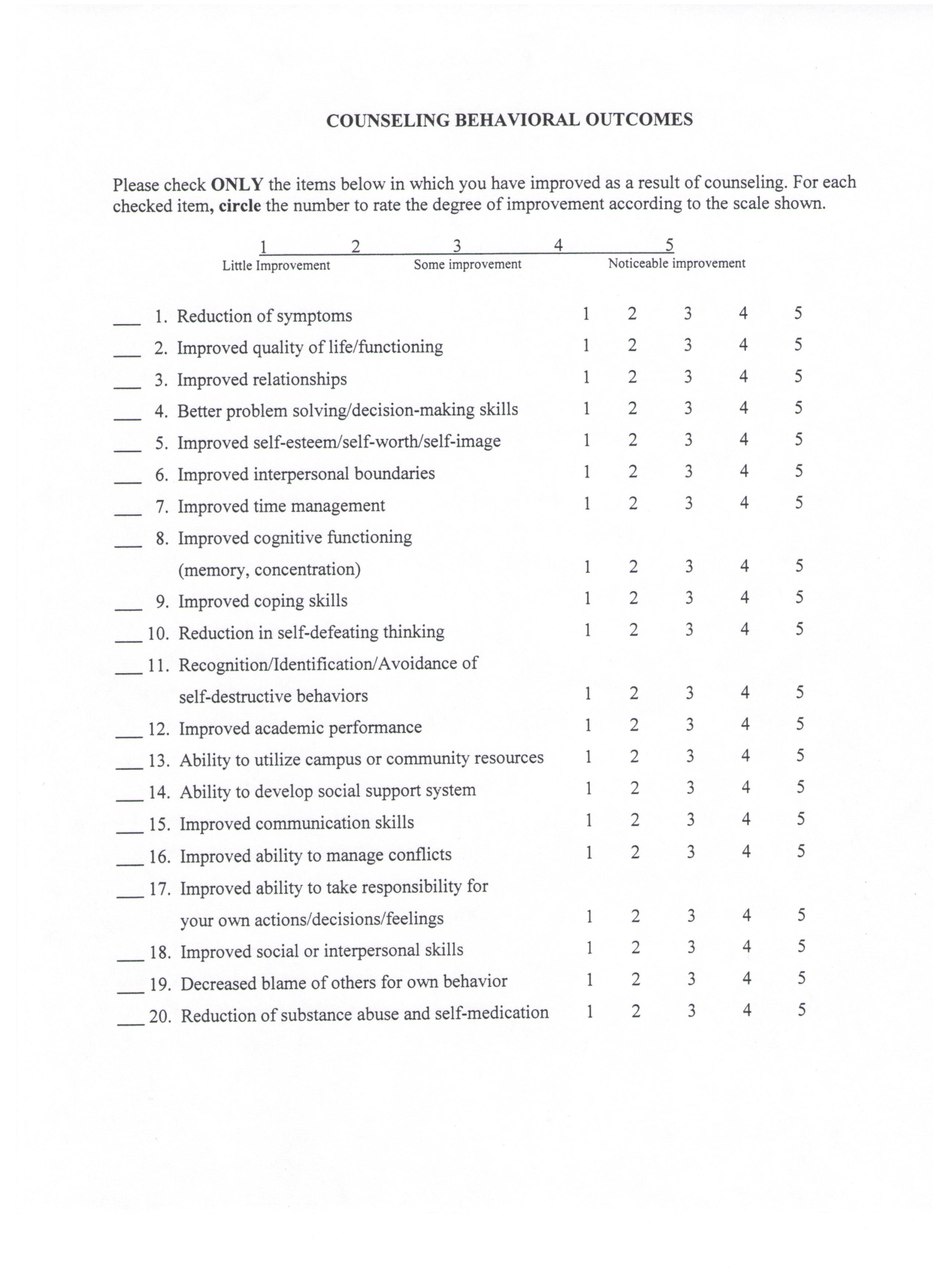
1. Overall, I am satisfied with the quality of counseling.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. What I find most helpful about my counselor is?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendix 20 Behavior Outcomes Scale



**Appendix 21 Counseling Center Evaluation**

**Counseling Services**

**Counseling Center**

**Counseling Evaluation**

On a scale of 1-5 please indicate your level of agreement with the following statements. Please circle the answer that best explains your answer.

1. I understand my goals for counseling.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. I feel accepted and respected during counseling.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. Through counseling, I feel better able to make decisions.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. I believe counseling is helping me to make positive changes.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. Counseling is helping me to learn information/skills that will help me with work, school, and/or my personal life.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. Counseling is helping me to deal with my personal concerns so that I can focus my attention more effectively on my academic work.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. I would refer my friends for counseling.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. I regard the Counseling Center as an important part of the university.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. Counseling is helping me be more successful in school.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. Overall, I am satisfied with the quality of counseling.

5-Strongly Agree 4-Agree 3-Unsure 2-Disagree 1-Strongly Disagree

1. How could we improve the Counseling Center?

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