**Student Name:**      **Student ID #:**       **Date:**      

**TYPE OF CONTACT**

Individual  Group  Medication Check-In  MSWR/Separation Incident

Consultation with:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other

**MENTAL STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
| Appearance | Normal  Unusual | Danger to Self | Yes  No |
| Speech | Normal  Unusual | Danger to Others | Yes  No |
| Cognition/Perception | Normal  Unusual | Explain Unusual Items/Comments: | |
| Mood/Affect | Normal  Unusual |
| Behavior | Normal  Unusual |

**INTERVENTIONS** *(Indicate primary intervention types utilized. Describe in summary of session.)*

|  |  |  |
| --- | --- | --- |
| Assess/Info Gather | Psychoeducation | Motivational Interviewing |
| Crisis Intervention | Stress Management | CBT/ACT |
| Empathic Exploration | Social Skill Training | DBT/Mindfulness |
| Decision Making | Psychodynamic/Relational | Other |

**SUMMARY** (*Include how the session ties into employability or the work environment for the student)*

**DIAGNOSTIC IMPRESSIONS, if indicated:**     

**PROGRESS WITH TREATMENT GOALS**

Marked Improvement  Some Improvement  Maintenance of Functioning  Symptoms Worse

**FUTURE TREATMENT/FOLLOW-UP PLAN**

**Signature and Title Date**

**Supervisor Signature and Title, if applicable Date**