

## College of Education Department of Educational Psychology

## **PRACTICUM LABORATORY**

## **TERMINATION SUMMARY FORM**

Client's Name:		Counselor:	
Intake Date:		First Appointment:	
Final Appointment:		Number of Sessions:	
PRESENTING PROBLEMS AND			
Course of counseling (SPECIFY PROGRESS MADE TO		ID TDEATMENT LICED <b>).</b>	
(SPECIFT PROGRESS MADE TO	WARDS GOALS AN	NO TREATMENT USED).	
DISPOSITION			
(TYPE OF TERMINATION, RECO	MMENDATIONS, R	EFERRAL, FOLLOW-UP <b>):</b>	
Counselor's Signature	Date	Supervisor's Signature	Date

Revised: RAH, August 2012