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**PRACTICUM LABORATORY**

**TERMINATION SUMMARY FORM**

Client's Name: \_\_\_\_\_

Counselor: \_\_\_\_\_

Intake Date: \_\_\_\_\_

First Appointment: \_\_\_\_\_

Final Appointment: \_\_\_\_\_

Number of Sessions: \_\_\_\_\_

**PRESENTING PROBLEMS AND ADDITIONAL PROBLEMS:**

**COURSE OF COUNSELING**

**(SPECIFY PROGRESS MADE TOWARDS GOALS AND TREATMENT USED):**

**DISPOSITION**

**(TYPE OF TERMINATION, RECOMMENDATIONS, REFERRAL, FOLLOW-UP):**

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date