**Practicum Laboratory**

Termination Summary Form

Client’s Name: Counselor-in-training: \_\_\_\_\_\_\_

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-in-training’s Signature Date Supervisor’s Signature Date