



Counseling Session Note

Instructions: Please enter your information into the appropriate fields, check boxes, or item lists. Once you have entered your information, you may save the data so it will appear the next time you open the form. Choose File > Save As... Create a new name for your copy and save it on your computer.

GUIDE TO SOAP NOTES

- ☐ **Client Description** – Manner of dress, physical appearance, illnesses, disabilities, energy level, general self-presentation.
- ☐ **Subjective** – Presenting problem from the client's point of view. What the client says about causes, duration, and seriousness of concerns.
- ☐ **Objective** – Student counselor's observation of the client's behavior during the session. Verbal and nonverbal behavior, including eye contact, voice tone and volume, and body posture. Please note any changes or discrepancies and when they occur (e.g., client who becomes inattentive in discussing a topic or blushes).
- ☐ **Assessment** – Student counselor's perception of the client, beyond what the client's verbal content or behavior portrays. Ongoing evaluation of the client in terms of emotions, cognitions, and behavior. Theme and pattern identification. Use of strength-based (e.g., Person-centered), developmental (e.g., Erikson, social learning theory) or mental health models (e.g., DSM-IV-TR). Include your hypotheses, interpretations, and conceptualization of the client.
- ☐ **Plan** – Next steps and plans for the client's progress. Please include short and/or long-term goals. How do you want to interact with the client; Response plan for the next session (e.g., follow-up on communication issues). Does the student counselor plan to help the client focus on thoughts, emotions, and/or behaviors? What particular strategy or theoretical approach might the student counselor use?
- ☐ **Plans / Supervision Needs for Student Counselor** – What reading or research do you need to do in preparation? Practice? What help do you need from your university supervisor? What help do you need from your clinical site supervisor?

STUDENT INFORMATION		
Student Name:		Banner ID:
Home Phone:	Cell Phone:	Email:
PRACTICUM / INTERNSHIP SITE INFORMATION		
Affiliated Site Name / Code:		Phone:
Site Supervisor Name:		Title:
COUNSELING SESSION SUMMARY NOTE		
Client Description		
Subjective		
Objective		
Assessment		
Plan		
Plans / Supervision Needs for Student Counselor		