
Candidate Consultation Session Notes

Candidate Name: _____ Date: _____
 Supervisor Name: _____

Session Type: Individual Group Session Format: Telephone In person Webcam

A. Summary of session content:

B. Impressions about the Candidate's performance in consultation and in counseling:

C. Candidate's progress on tasks and goals of consultation:

D. Plan (Interventions, tasks):

Supervisor's Printed Name

Supervisor's Signature

Date

Supervisor	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
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