**STIPS Counseling Session Note**

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| **Client Information** | |
| Client’s Name: | Date of Session: |
| Student Counselor’s Name: | |
| **Counseling Session Note** | |
| **Signs, Symptoms, and Strengths** | |
|  | |
| **Topics of Discussion** | |
|  | |
| **Interventions** | |
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| **Progress and Plan** | |
|  | |
| **Special Circumstances** | |
|  | |
| **Research or supervision needs of student counselor** | |
|  | |
| |  | | --- | | **Signatures** | | |
| |  |  |  | | --- | --- | --- | |  |  |  | | Student Counselor’s Signature | Printed | Date | |  |  |  | | Supervisor’s Signature | Printed | Date | | |