**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** |
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| **Topics of Discussion** |
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| **Interventions** |
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| **Progress and Plan** |
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| **Special Circumstances** |
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| **Research or supervision needs of student counselor** |
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| **Signatures** |

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| Student Counselor’s Signature | Printed  | Date |
|  |  |  |
| Supervisor’s Signature  | Printed  | Date |

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