**SOAP Counseling Session Note**

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| **Client Information** |
| Client’s Name: | Date of Session: |
| Student Counselor’s Name: |
| **Counseling Session Note** |
| **Subjective: Client reported status** |
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| **Objective: Counselor reported findings** |
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| **Assessment: Client’s response to session or treatment(s)** |
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| **Plan: Recommendation for future care** |
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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 |
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| Supervisor’s Signature  | Printed  | Date |

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