

Counseling Assessment

Counseling Assessment - to be collected at exit for all adults and heads of household.

Assessment Active

Pre-Exit

Assessment Date: * _____

Client received counseling: * Yes
 No

Type(s) of Counseling Received: * Individual
 Family
 Group - including peer counseling

Number of sessions received by exit: * _____

Total number of sessions planned in youth's treatment or service plan: _____

Post-Exit

A plan is in place to start or continue counseling after exit: * Yes
 No