**12-Session File Review**

**This form must be completed and submitted to Supervisor after 12th session**

**(and before 13th session) – a copy should be included in client file**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinical Counselling Intern\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Service (# of sessions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount client is paying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Reason client attended:**

**2. Services Provided/intervention used:**

**3. What was achieved (goals, progress/achievements) in the past 12 sessions?**

**4. What remains (reasons to continue services)?**

**5. What referrals** **were made to address ongoing needs (agency, contact name & number) in addition to the one-to-one services you have provided?**

**Clin 6. Clinical Counselling Intern Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_