**Counselling Service Review**

This review should be completed every 6 weeks.

|  |  |
| --- | --- |
| Student Initials: | Year Group: |
| Counsellor: | School: |
| No. of sessions attended to date: | No of sessions offered: |
| Date of review: | Next review? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| 1. How well has the student engaged with their sessions?
 | 1 | 2 | 3 | 4 | 5 |
| 1. How well has the student progressed over sessions received to date?
 | 1 | 2 | 3 | 4 | 5 |
| 1. How able is the student to express themselves in sessions?
 | 1 | 2 | 3 | 4 | 5 |

What has worked well for this student?

What does not work for this student?

What additional support do you feel this student needs?

Any other comments about the student’s progress or needs: