

CITTAA Health Services

Psychologist Weekly Report

Basic Information

Psychologist Name:

Email:

School Name:

Report Date:

Submission Date:

1. Week Overview (Monday to Friday)

Week of: to

2. Weekly Statistics

Metric	Count
Total individual sessions	
Total group sessions	
Total students counseled	
New cases this week	
Follow-up sessions	
Crisis interventions	
Parent consultations	
Teacher consultations	

3. Key Cases Summary (Anonymized)

Case ID	Grade	Primary Concern	Intervention	Progress

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4. Trends and Patterns Observed

5. Challenges Faced This Week

6. Successes and Achievements

7. Recommendations for Next Week

8. Resource Needs
