

CITTAA Health Services

Psychologist Daily Report

Basic Information

Psychologist Name: _____

Email: _____

School Name: _____

Report Date: _____

Submission Date: _____

1. Sessions Conducted Today

Time	Student Name/ID	Grade	Session Type	Duration

2. Key Observations

3. Interventions Applied

4. Follow-up Actions Required

5. Risk Assessment

Any immediate safety concerns? Yes ☐ No ☐

If yes, describe:

Action taken:

6. Parental Communication

7. Total Session Time Today: _____ minutes