

CITTAA Health Services

Psychologist Monthly Report

Basic Information

Psychologist Name: _____

Email: _____

School Name: _____

Report Date: _____

Submission Date: _____

1. Month Overview

Month: _____ Year: _____

2. Monthly Statistics

Metric	Count
Total counseling sessions	
Total students served	
New cases opened	
Cases closed/resolved	
Ongoing cases	
Crisis interventions	
Group sessions conducted	
Parent meetings	
Teacher consultations	

Workshops/seminars conducted	
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3. Case Distribution by Category

Category	Number of Cases	Percentage
Academic stress/anxiety		
Behavioral issues		
Family/relationship issues		
Social/peer problems		
Emotional regulation		
Self-esteem/confidence		
Trauma/grief		
Other		

4. Key Achievements This Month

5. Challenges and Concerns

6. Program Initiatives and Activities

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7. Recommendations for Next Month

8. Professional Development Activities

9. Resource Utilization and Needs

10. Goals for Next Month
