

CITTA 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

CITTAA Health Services

Psychologist Weekly Report

4. Trends and Patterns Observed

5. Challenges Faced This Week

6. Successes and Achievements

7. Recommendations for Next Week

8. Resource Needs
