

Initial Counselling Session Notes

Student Name: _____ Grade: _____ Date: _____

1. Presenting Concern:

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2. Scaling Questions (all out of /10)

This Year	___/10	Last Year	___/10
Block 1 _____	___/10	Block 2 _____	___/10
Block 3 _____	___/10	Block 4 _____	___/10
Friends	___/10	Home	___/10
Mom	___/10	Dad	___/10
Sibling _____	___/10	Sibling _____	___/10
Relationship	___/10	Work	___/10
Sleep quality	___/10	Energy levels	___/10
Stress management	___/10	General mood	___/10

3. Safety & Risk (short screening)

Do you feel safe at school? Do you feel safe at home? Any thoughts of harming self or others?

4. Strengths & Protective Factors:

Who do you talk to when things are hard? Is there a teacher, coach, or adult at school you feel connected to? What's one strength or talent you're proud of?

5. Academic & Future Orientation:

Favorite subject? Subject you find most difficult? Future goals or interests?

6. Counselling Goals:

7. Session Notes & Observations:

Next Steps / Action Items:

Student	Counsellor	School/Family

Plan For Next Session:

➤
➤
➤

Connecting:

☐ Student will reach out if needed

☐ We will meet again _____