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Counselling Progress/ Completion Report Form[1]

Date: __/__ /____

Trainee's Name/Surname_____

Counselling Expert Full Name:_____

1. Identified areas of improvement	o Job skills and experience o Job search and accessing employment abilities o Work motivation and aspiration o Grooming and dressing o Money management o Social skills, social engagement and appropriateness o Friendship and social support o Other – please specify ……
2. Objectives	
3. Trainee's goals – please describe briefly what the trainee would like to achieve	
4. No of planned counselling sessions	
5.1. **Counselling Session 1 – Date:** Goal: Goal outcome: □not achieved □ achieved □ partly achieved □ achieved beyond expectations Method/Activity (briefly describe)	Observations Recommendations for Action Plan

[1] Created by ACDC

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Please duplicate this line for each counselling session.	
6. Progress made – briefly detail the progress the trainee has made towards achieving the goals – refer to improvements and setbacks in the targeted areas	
7. Please outline any factors which may hinder/have hindered progress towards goals (e.g. attendance problems, punctuality, substance use etc) and job maintenance,	
8. Please outline any factors which may facilitate/have facilitated the progress towards goals (environmental factors, social support, client strengths) and job maintenance.	
9. Further comments and recommendations	

Counselling Expert:

(signature)

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