

### **Semester Summary Report**

###### Client:

Date of Birth: Age:

Address: Phone:

Dates of Treatment:

Attended of sessions:

Student Clinician:

Clinical Supervisor:

**Level of Functioning at the Beginning of the Semester:**

**Long-term Goals and Short-term Objectives Treatment Approaches used:**

**Outcomes:**

**Long-term Goal 1:**

**Status at the end of Semester:**

**Recommendations: Signatures:**



Client

 

###### Student Clinician Supervisor



Date