

Date of Session: \_\_\_\_\_

Duration of Session: \_\_\_\_\_

## Counseling Session Planning Document

Student: \_\_\_\_\_

Annual Goal:

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Counseling objective (area of need):

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Plan for addressing the objective (area of need):

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Resources and supports needed (before, during, or after the session):

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How student progress will be monitored and measured:

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Counselor Notes: