



DIVISION OF SPECIAL EDUCATION

DATE (MM/DD/YY)	_____
PRINT STUDENT'S NAME (LAST) (FIRST) (M.I.)	STUDENT ID. NO.

**EMOTIONAL/BEHAVIORAL DISABILITIES STUDENT CASE SUMMARY FORM**

[This form is to be completed by personnel (e.g., mental health consultants, E/BD counselors, social workers, psychologists) who provide direct counseling services to students in programs for Emotional/Behavioral Disabilities.]

School: \_\_\_\_\_

Name of Clinician: \_\_\_\_\_  
(Print)

Agency: \_\_\_\_\_

Type of Counseling:     Group     Individual

Strengths:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Presenting Problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individual and/or Group Goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_