

MIAMI-DADE COUNTY PUBLIC SCHOOLS
COUNSELING SERVICES RECORD SHEET
EMOTIONAL/BEHAVIORAL DISABILITIES PROGRAMS

COUNSELOR: _____ SCHOOL: _____ SCHOOL YEAR: _____

Student Name: _____ ID# _____	SCMS#	DATES/SERVICE PROVIDED															
		D	S	D	S	D	S	D	S	D	S	D	S	D	S	D	S
PEN#																	
Goal:																	
PEN#																	
Goal:																	
PEN#																	
Goal:																	
PEN#																	
Goal:																	

SERVICE CODES

- | | | |
|-----------------------------|-----------------------------|-------------------------------------|
| D3/G3 - GROUP COUNSELING | I1 - INDIVIDUAL COUNSELING | C9 - TEACHER CONFERENCE |
| C6 - PARENT CONFERENCE | C5 - AGENCY CONSULTATION | M2 - CONFLICT MANAGEMENT STRATEGIES |
| A6 - ADJUSTMENT TO SCHEDULE | CT - STUDENT/PARENT/TEACHER | BI - BEHAVIOR INTERVENTION PLAN |
| A7 - ACADEMIC ADVISEMENT | P2 - BEHAVIORAL CONTRACT | ADDITIONAL CODES - _____ |

MIAMI-DADE COUNTY PUBLIC SCHOOLS
COUNSELING SERVICES PLANNING SHEET

COUNSELOR: _____ SCHOOL: _____ SCHOOL YEAR: _____

DATE	PROGRESS NOTES