



# Sessions Counseling Group

## Session Notes



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Client Name

Counselor Name

**SUMMARY (session content):**

**OBSERVATIONS (mood, affect, interpersonal dynamics, overall condition):**

**PLAN (Tx progress and plan):**

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Date of Session

Fee

Counselor's Name and Signature

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Start Time

End Time

Supervisor's Name and Signature

12722 Riverside Drive Suite 104  
Valley Village, Ca 91607