

Mental Health Counselor
DISTRICT INTERVENTION LOG

Month _____ Year _____

Clinician _____ School _____

# School MH Referrals	# Active cases	# Meetings Attended
Referrals to:	# Discharged cases	# SAT/504
	# in-school	# IEP
Social Work _____	# expelled	# SSHS Advisory Team
Case Consultations _____	# Initial assessments scheduled _____	# Administrative
	# Initial assessments completed _____	# Triage Team
Crisis Consultations _____		# Other (specify)

Date	Service	Recipients (use one line for each type of recipient)	# of Recipients (for each type of recipient)	Total Time (in minutes)
TOTAL HOURS (column 5)				

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Briefly describe the strategies/interventions used this month for improving attendance.

Briefly describe the strategies/intervention used this month for improving academics.

Briefly describe the strategies/intervention used this month for improving behavior.

What challenges did you face this month? How did you address them?