

## TERMINATION FORM

Client Name: \_\_\_\_\_ Date of Last Session: \_\_\_\_\_

LAST FIRST M.I. MM DD YY

PART A: Services Provided	
Type of Service	Hrs. of Service
Professional Counseling	
Individual	
Group	
Family	
Academic Education/Tutoring	
Independent Living Skills (e.g. parent training, sex/drug education)	
Employment Counseling	
Assessment/Screening/Intake	
Other:	

PART B: Additional Service Information	
1. Did the client complete the treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, skip next question)
2. If client did complete plan, indicate why:	<input type="checkbox"/> Moved <input type="checkbox"/> Runaway <input type="checkbox"/> Deceased <input type="checkbox"/> Other _____ <input type="checkbox"/> Dropped Out (Explain): _____
3. Does the client need additional services?	<input type="checkbox"/> YES <input type="checkbox"/> REFERRED TO ADDITIONAL SERVICES <input type="checkbox"/> NO <input type="checkbox"/> CONTINUING AS PRIVATE CLIENT
4. Current school attendance (check only if currently attending school.)	<input type="checkbox"/> Good (4-5 days per week) <input type="checkbox"/> Fair (2-3 days per week) <input type="checkbox"/> Poor (0-1 day per week)
5. Current school performance (check only if currently attending school.)	<input type="checkbox"/> Good (A or B grades) <input type="checkbox"/> Fair (C grades) <input type="checkbox"/> Poor (D grades) <input type="checkbox"/> Failing (F grades)

### PART C: Impact Information

	N/A	CLIENT RATINGS				CASE WORKER RATINGS			
		MUCH BETTER	BETTER	THE SAME	WORSE	MUCH BETTER	BETTER	THE SAME	WORSE
Family Relationships									
Peer Relationships									
School Attendance									
School Performance									
Job Performance/Employability									
Independent Living Skills									
Delinquent Behavior									
Substance Abuse Behavior									
Self-Concept									
Overall Rating									

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Termination Case Worker (please print name): \_\_\_\_\_

\_\_\_\_\_ DATE

TERMINATION CASE WORKER SIGNATURE