Counseling Follow-Up Documentation Form

To evaluate the effectiveness and appropriateness of the special strategies and/or services being provided to an individual with a disability, follow-up counseling must be provided and documented on this form at a minimum of **monthly**, and more often when needed. This information is **confidential** but can be shared with all involved instructors and staff. This form is **not** to be copied or released to others except by authorized personnel and with written approval of the learner. A second sheet can be used if more space is needed.

Student Name: DOB:

Date	Notes	Staff Initials	Student Initials