

Harbin Counseling & Consulting, LLC
Jennifer Harbin, MS, LPC, NCC, CCH
678-371-9958
www.marietta-therapist.com
2993 Sandy Plains Rd.
Ste. 110/Box 4
Marietta, Ga. 30066



Date: _____ **Sessions Completed:** _____

Client Name: _____ **Date of Birth:** _____

* This report is not to be shared with your child, so not to add pressure or additional anxiety regarding therapy sessions*

Presenting Concerns or this week's concerns (may vary slightly week to week):

Behavior and Mood Observations: _____

Changes Noted in behavior/mood/choices/adjustment (Good, Bad, or Neutral):

Adjustments Made by Parent/Guardian (In reaction to behaviors, changes in expectations, and modeling of appropriate behavior or processing):
