



INITIAL REPORT ON EDUCATIONAL CONSULTATION

This form is to be completed, discussed with the consulting analyst, and submitted by the clinical associate for each control case within three months of the beginning of treatment. A copy becomes part of the clinical associate's permanent file in the Institute office.

Clinical Associate _____

Report of educational consultation Case # _____ Case Initials _____

Adult Case _____ Child Case _____ Age _____ Sex _____ Referral from Referral Service? _____

Case approved by two consulting analysts:

Approved by: 1. _____ 2. _____

Date Analysis Began _____

Frequency of analytic hours per week _____

Date educational consultation began _____ Consulting Analyst _____

Frequency of consultation hours per week _____

Initial evaluation and diagnosis (please attach):

Distribution: Consulting Analyst
SPSI Office
Clinical Associate File