



**Termination of Services**  
LCC Counseling Department

*Confidential Record*

**Date:**

**Student/Client:**  
**Counselor:**

**L#:**

**Date of Service Initiated:**

**Total Number of Sessions:**

**Termination Date:**  
**Reason for Termination:**

*Summary of Services*

**Issue(s) Addressed:**

**Current Status:**

**Recommendation/Plan(s):**

**Referral(s):**

**Signature:\_\_\_\_\_ Date:\_\_\_\_\_**