Termination of Services

LCC Counseling Department

Confidential Record

Date:

Student/Client: **L#:**
Counselor:

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:_____

Termination of Services

LCC Counseling Department

Lane Community College Counseling Department, 4000 E. 30th Ave., Eugene, OR 97405-6040
Main (541) 463-3200 *Fax* (541) 463-4166 http://www.lanecc.edu/stuser/coundept.htm

Rev. AH 03/05