**教育部學生輔導諮商中心花蓮區駐點服務學校**

**個案服務資料表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 個案姓名 | | |  | | | | 學校 |  | | | 轉介人員  聯絡方式 | |  | | | |
| 案號 | | |  | | | | 督導 |  | | | 心理師/社工師 | |  | | | |
| 是否有開「個案研討會議」？ | | | | | | | □是 日期:  □否 | | | | | | | | | |
| 是否有相關個案 | | | | □是 案號： 與個案關係：　 　 □否 | | | | | | | | | | | | |
| 個案問題類型 | | |  | | | | | | | | | | | | | |
| 晤談次數 | 晤談日期 | | 晤談時間 | | | 服務方式 | | | 服務人次 | | 出席人員 | | | | | 記錄已歸檔 |
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| * **相關表格是否歸檔** | | | | | | | | | | | | | | | | |
| 諮商同意書 | |  | | | 初次晤談表 | | | | |  | 結案表 |  | | 轉介單 |  | |
| 其他 | |  | | | | | | | | | | | | | | |
| 備註 | |  | | | | | | | | | | | | | | |