



**HOPE INDEPENDENT SCHOOL COUNSELLING AND THERAPY SERVICE
MONTHLY MONITORING RETURN (MMR)**

Provider:		Month:		
School:		Area:		
Counsellor/Therapist:		School Key Contact:		
Counselling/Therapy Day(s):		Drop-In Day/Time:		
Weekly communication between the counsellor/therapist and Key Contact				
Face to Face Meeting	Teams Meeting	Telephone	Email	No Communication
If no communication is selected, please provide reasons:				
SERVICE NOT DELIVERED THIS MONTH				
Reason				Place an X in the relevant box
School declined service				
School declined cover counsellor/therapist				
No counsellor/therapist available				

Referrals and Assessment		
Number of referrals:	Number of assessments:	Number on waiting list following assessment:

Number of Sessions Delivered		
Individual sessions:	Group sessions:	Drop-Ins:
Promotional Sessions (first 2 weeks of September):		

Did Not Attend (DNAs): Individual	Number of Sessions
Sessions cancelled by school without notice (e.g. school trips, exams, closure)	
Pupil absences (e.g. sickness, bus strike etc.)	
Pupil cancellation (e.g. refused counselling/therapy)	
No pupils on waiting list to assign to session	
TOTAL NUMBER OF DNA SESSIONS	
NUMBER OF DNA SESSIONS REUSED	

Wasted Sessions: Individual	Number of Sessions
No pupils on waiting list to reuse session	
No pupils available (e.g. unable to contact, pupil called but did not arrive)	
TOTAL NUMBER OF WASTED SESSIONS	

I certify that this is a true reflection of HOPE service delivery this month.

School Key Contact	Signature:	Date:
School Counsellor	Signature:	Date:
ICSS Provider	Signature:	Date: