

FAR WEST FAMILY SERVICES

Employee Assistance Program

CASE CLOSED REPORT FORM

CLIENT NAME(S) : _____ District _____

Date Closed _____ (date of last scheduled session)

The EAP case for the above client is now closed:

- CLIENT COMPLETED ALL ALLOWED SESSIONS
 CLIENT HAS COME TO RESOLUTION
 OTHER _____

RESOLUTION

- ISSUED RESOLVED CLIENT DECLINED FURTHER COUNSELING
 ISSUED NOT RESOLVED NO LONGER ELIGIBLE FOR FAR WEST SESSIONS
 ISSUE IMPROVED/ONGOING _____

CLOSING RECOMMENDATION

- NO FURTHER ACTION REQUIRED
 CONTINUE TREATMENT PLAN AND/OR FOLLOW-UP AS NEEDED
 CONTINUING IN PRIVATE PRACTICE (SEE OUTSIDE REFERRAL FORM)
 NO LONGER ELIGIBLE FOR FAR WEST SESSIONS
 REFERRED TO SPECIALIST _____
 REFERRED TO COMMUNITY RESOURCE _____
 REFERRED TO OUTSIDE PROVIDER
 OTHER _____

OUTCOME IN THE COVERED EMPLOYEE'S WORKPLACE (IF APPLICABLE)

- | | | |
|---|---|--|
| <input type="checkbox"/> REDUCED LATENESS | <input type="checkbox"/> ABLE TO PERFORM DUTIES | <input type="checkbox"/> IMPROVED MORALE |
| <input type="checkbox"/> REDUCED ABSENTEEISM | <input type="checkbox"/> IMPROVED WORK PERFORMANCE | <input type="checkbox"/> NO CHANGE |
| <input type="checkbox"/> IMPROVED CO-WORKER RELATIONSHIPS | <input type="checkbox"/> RETURN FROM LEAVE OF ABSENCE | <input type="checkbox"/> NOT APPLICABLE |
| <input type="checkbox"/> EMPLOYEE TERMINATED | <input type="checkbox"/> SUSPENSION LIFTED | <input type="checkbox"/> UNKNOWN |

COMMENTS:

THERAPIST'S SIGNATURE: _____ TODAY'S DATE _____

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