**VERBATIM TRANSCRIPT FORM**

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| --- | --- |
| Counselor Name: | Date: |
| Session #:  | Start time:  |
| Core Affect: |
| Content Summary: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Verbatim Client Statements | Verbatim Counselor Response | Skill Identification | Alternate Response  | Self-Awareness |
|  |  |  |  |  |