

*South Carolina Department of Disabilities and Special Needs*

**REPORT OF COUNSELING CONFERENCE**

Instructions: Use reverse side of paper to continue or additional sheets if necessary, being certain all sheets are properly identified and initialed by participants and dated.

Name of Individual Counseled	Date
Position Title	Subject
Discussion (include facts, comments, notes)	
Witnesses (if applicable)	Signature of Supervisor
	Title
My signature indicates that I have been counseled as indicated and have read the above, but does not imply that I agree with the statement.	
Date	Signature of Employee
Employee's Comments (if applicable)	

SAMPLE