

COUNSELOR'S CRITIQUE

Name of Counselor _____

Session # _____

Date _____

Counselee(s) Name(s)

_____ Address _____

_____ Telephone _____

Category of Problem

Budget _____ Debts _____ Business _____ Other _____

Analysis of Problems

Critical _____ Bad _____ Nominal _____ None _____

Status of Debts

Legal Action Filed _____ Delinquent _____ /Month Current _____ None _____

Budget Analysis

Overspending _____ /Month Break Even _____ Balanced _____ Surplus _____

Spiritual Analysis

Unsaved _____ Unsure _____ Saved _____ Mature _____

Marital Analysis

Divorced _____ Separated _____ Single/Widow _____ Married _____

Poor Communication _____ Average Communication _____

Good Communication _____

Recommendations

30-Day Diary _____ Read *How to Manage Your Money* and complete chapters _____ .

Read Budget Workbook _____ Contact Creditors _____ Balance Checkbook _____

Develop Budget _____

Other _____

Documents Attached

Budget Analysis _____ Debt List _____ Financial Statement(s) _____

Counselor's Worksheets _____ Other _____

Counselor's Comments and Summary

