



Mid-Ohio Psychological Services, Inc.

2238 South Hamilton Road, Suite 200 – Columbus, OH 43232

Voice (614) 751-0042

www.mopsohio.com

Fax (614) 751-0047

Date: _____

Attention: _____

Dear Caseworker:

This correspondence is to inform you that _____.

- DID attend his/her counseling session today.

Comments: _____

- What is absent from his/her counseling session today.

Comments: _____

Next scheduled session: _____

If you should have any questions, please do not hesitate to contact our agency at your convenience. Thank you for your time and attention in this matter.

Sincerely,

Sonya N. Slater, Psy.D.
Psychologist

SAMPLE