

(Note: This is provided as an example of an acceptable template. You will likely need more space in specific sections.)

Revised 10/16/2019

Progress Note

Participant Name:

Service:

Date of Service:

Begin/End Time:

Setting:

Participant Report of Recent Symptoms and/or Behaviors (R/T Dx and Tx Plan):

Issue(s) Addressed - Therapist Intervention & Participant Response:

Progress toward Treatment Goal(s):

Provider Name/Title/Signature_____Date:_____