

Your Company Name
Your Company Address

PSYCHOSOCIAL REHABILITATION PROGRESS NOTE

Client Name:	Diagnosis Code:	Service Code:
Case Number:	Service Date:	Total Units: - Time: Hrs
Begin-End Time:	Settings:	Dob:

☐ GOAL 1: Description here...

☐ GOAL 2: Description here...

☐ GOAL 3: Description here...

☐ GOAL 4: Description here...

Client Response To Activities/Progress Toward Meeting Treatment Plan Goals And Objectives/Plan For Continued Development			
Cooperation	<input type="checkbox"/> Minor	<input type="checkbox"/> Minor	<input type="checkbox"/> Poor
Motivation	<input type="checkbox"/> Moderate	<input type="checkbox"/> Minor	<input type="checkbox"/> Poor
Concentration And Focus	<input type="checkbox"/> Moderate	<input type="checkbox"/> Minor	<input type="checkbox"/> Poor
Peer Interaction	<input type="checkbox"/> Moderate	<input type="checkbox"/> Minor	<input type="checkbox"/> Poor
Attitude	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Fluctuations

SKILL SETS ADDRESSED/ACTIVITIES PROVIDED BY COUNSELOR TO BUILD CLIENT SKILLS:

Group 1: Description here...

Client Stated: Description here...

Group Facilitator's Intervention: Description here...

Group 2: Description here...

Client Stated: Description here...

Group Facilitator's Intervention: Description here...

Group 3: Description here...

Client Stated: Description here...

Group Facilitator's Intervention: Description here...

Group 4: Description here...

Client Stated: Description here...

Group Facilitator's Intervention: Description here...

Progress towards meeting goals and objectives: (Significant progress, Moderate Progress, Minimal Progress, No Progress, Regression, Decompensating, Unable to determine at this time)
Please explain:

Clinical Director Signature

Printed Name/Credentials

Date

Facilitator's Signature/Credentials

Printed Name/Credentials

Date