

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