



Therapy Progress Report

Client Name _____ Date of Session _____

Location/Site _____ Contact Person _____

Staff assessment of client progress since last appointment (including emotional and behavioral highlights and significant events/incidents):

Staff Name Completing Above: _____

Below to be completed by the therapist, signed and returned with the client.

Type of Therapy

- Psychological Therapy Group Individual
- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Other _____

Client Affect Flat Bright Labile Tearful Anxious Angry

Client Participation Engaged Minimally Engaged Not Engaged/Refused

Key Topic(s) Discussed

Personal issues

Progress since last appointment

Recommendations to Client

N.A.

Recommendations to Staff/Caregivers

None

Plan Continue Terminate Revise (explain) _____

Therapist Signature Ronald L. Waschauer Date _____

Date and Time of Next Appointment _____ Ph.D.L.P.