

COUNSELING PROGRESS NOTES

Client: _____

Date: _____ Individual: ☐
Time: _____ Family: ☐

Session Summary:
(D) Data; (A) Assessment; (P) Plan

D:
A:
P:

Therapist Signature: _____

Date: _____ Individual: ☐
Family: ☐

Session Summary:
(D) Data; (A) Assessment; (P) Plan

D:
A:
P:

Therapist signature: _____