

**COUNSELING PROGRESS NOTES**

Client: \_\_\_\_\_

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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: \_\_\_\_\_