

**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: \_\_\_\_\_