



# FLORIDA DEPARTMENT OF JUVENILE JUSTICE

## SAMPLE COUNSELING/THERAPY PROGRESS NOTE

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Youth's Name: \_\_\_\_\_ DJJ#: \_\_\_\_\_ DOB: \_\_\_\_\_

Facility/Program \_\_\_\_\_

Individual therapy/counseling session

Group therapy/counseling session

Family therapy/counseling session

Focus of the counseling/therapy session:

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Youth's participation in the session:

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Youth's treatment plan goals/objectives addressed in the session:

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Mental Health/Substance Abuse Clinical Staff Person's Signature and Credentials