

School Health and Wellness Center

DAP Progress Notes

Student Name		Date of Assessment	
Student #		Date of Birth	
Name of Provider		Provider Initials	

Progress Notes for the week: _____					
SEL Competency	<input type="checkbox"/> Self-Awareness <input type="checkbox"/> Self-Management <input type="checkbox"/> Social Awareness <input type="checkbox"/> Relationship Skills <input type="checkbox"/> Responsible Decision-Making				
Date of Meeting		Start Time:		End Time:	
Location	<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Telehealth				
Narrative of Overall Treatment Goal					
Participation in Session (Rate student's participation)					
<input checked="" type="checkbox"/> No Participation <input type="checkbox"/> Some <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent					

DAP Note	
<p><u>DATA:</u> Focus on the session, topic discussion, and what the student tells you about the problem & symptoms. Relate to diagnosis, use quotes, & include specific details (frequency, severity, duration, etc.) & impact on functioning. Include status of risk issues, if any (substance abuse, danger to self/others, etc.</p>	
<p><u>ASSESSMENT:</u> Therapist thoughts & assessment of client progress and of the medical necessity for treatment. Assess barriers to progress or regression. Describe unusual appearance, thinking, and/or behavior. NOTE any changes to diagnosis</p>	
<p><u>PLAN:</u> What did you do? What do you plan to do? Include therapist in-session interventions (ex. "cognitive reframing", "taught progressive relaxation" etc.) Did you make a referral? Assign Homework? Include reminders for planned actions for future sessions, & changes to the plan of care (POC) NOTE: Ongoing lack of progress should lead to a change in the POC.</p>	

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Progress toward goal in today's sessions
Minimal, Moderate, Substantial

Progress toward goal overall
Minimal, Moderate, Substantial

SAMPLE