PROGRESS NOTE

Youth: _____ Date of Session: _____

Location of Session: _____ Treatment Provider: _____

Start Time of Session: _____ Finish Time of Session: _____

Purpose/Issue/Treatment Goal: _____

Notes about the session that was conducted:

Subjective: _____

_____

_____

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_____

Objective: _____

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Assessment: _____

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_____

_____

Plan: _____

_____

_____

_____

_____

Signatures:

_____ _____

Treatment Provider *Clinical Supervisor*