



Group Therapy Progress Note

Client: _____ Date: _____
 Group name: _____ Minutes: _____
 Group session # _____ Meeting attended is #: _____ for this client.
 Number present in group _____ of _____ scheduled Start time: _____ End time: _____

Assessment of client

1. Participation level: Active/eager Variable Only responsive Minimal Withdrawn
2. Participation quality: Expected Supportive Sharing Attentive Intrusive
 Monopolizing Resistant Other: _____
3. Mood: Normal Anxious Depressed Angry Euphoric Other: _____
4. Affect: Normal Intense Blunted Inappropriate Labile Other: _____
5. Mental status: Normal Lack awareness Memory problems Disoriented Confused
 Disorganized Vigilant Delusions Hallucinations Other: _____
6. Suicide/violence risk: Almost none Ideation Threat Rehearsal Gesture Attempt
7. Change in stressors: Less severe/fewer Different stressors More/more severe Chronic
8. Change in coping ability/skills: No change Improved Less able Much less able
9. Change in symptoms: Same Less severe Resolved More severe Much worse
10. Other observations/evaluations: _____

In-session procedures:

- _____
- _____
- _____
- _____
- _____

Homework:

1. _____
2. _____
3. _____

Other Comments:

 Signatures

 Date