

Therapy Progress Report

Date: [Insert Date]

Client Name: [Insert Client Name]

Client ID: [Insert Client ID]

Case Manager: [Insert Case Manager Name]

Therapy Summary:

[Insert a brief summary of the therapy sessions conducted since the last review.]

Progress Toward Goals:

- Goal 1: [Insert Goal 1] - Progress: [Insert Progress]
- Goal 2: [Insert Goal 2] - Progress: [Insert Progress]
- Goal 3: [Insert Goal 3] - Progress: [Insert Progress]

Challenges Encountered:

[Discuss any challenges the client has faced during therapy.]

Recommendations:

[Provide recommendations for next steps in the therapy process.]

Next Appointment:

[Insert date and time of the next appointment.]

Prepared by: [Your Name]

Title: [Your Title]