

Therapy Progress Report

Date: [Insert Date]

Client Name: [Client's Name]

Therapist Name: [Therapist's Name]

Session Number: [Insert Session Number]

1. Goals and Objectives

[List client's therapy goals and objectives]

2. Progress Summary

[Summary of client's progress towards goals]

3. Areas of Improvement

[Discuss specific areas where the client has shown improvement]

4. Challenges and Barriers

[Identify any challenges or barriers faced during therapy]

5. Next Steps

[Outline the plan for upcoming sessions]

6. Additional Comments

[Any additional remarks or observations]

Therapist Signature: _____