

Therapy Progress Report

Date: **[Insert Date]**

Participant Name: **[Insert Name]**

Support Group: **[Insert Support Group Name]**

Therapist Information

Therapist Name: **[Insert Therapist Name]**

Contact Information: **[Insert Contact Info]**

Session Overview

Number of Sessions Attended: **[Insert Number]**

Start Date of Therapy: **[Insert Start Date]**

Progress Summary

[Insert summary of the participant's progress, including specific achievements, challenges faced, and areas for improvement.]

Goals for Next Sessions

[Insert goals set for future sessions, including specific therapeutic targets and support strategies.]

Additional Notes

[Insert any additional notes or comments that may be relevant for the support group.]

Therapist Signature: _____