

Therapy Progress Summary

Date: [Insert Date]

Client Name: [Client's Name]

Therapist Name: [Therapist's Name]

Session Number: [Session Number]

Summary of Progress

[Insert a brief summary of the client's progress, highlighting improvements and challenges faced during therapy.]

Goals

- Goal 1: [Describe Goal 1 and progress towards it]
- Goal 2: [Describe Goal 2 and progress towards it]
- Goal 3: [Describe Goal 3 and progress towards it]

Recommendations

[Insert any recommendations for continued therapy or strategies to be implemented.]

Next Steps

[Describe the next steps for the client, including any upcoming sessions or follow-up plans.]

Thank you,

[Therapist's Signature]