



# 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 Participation level:  Active/eager  Variable  Only responsive  Minimal  Withdrawn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