

Group Therapy Progress Note

Youth:

Date of Session:

Unit:

Provider:

Group:

Length:

Risk Factor/Problem:

Intervention:

Supportive  Skill Building  Experiential  Problem Solving  Insight Oriented

Student's Participation:

Verbal  Cooperative  Hostile  Disruptive  Tangential  Evasive

Uninvolved  Nonverbal  Not in attendance

Description of Group Content/Process:

Student's Positive Participation Score:

Comments about Student's Progress:

Homework or Follow-up:

Signatures:

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Reviewer