**COUNSELING PROGRESS NOTES**

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| **ACTIVITY CODES:** | |
| In-Person Counseling (Individual) **IPC**  Family Counseling **FC**  Group Counseling **GC** Telephone Counseling **TC** | General Advocacy **GEN**  Parent/Guardian Consultation **PGC** |
| Cancellation **CAN**  Did Not Attend **DNA** |

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| **ACTIVITY**  **CODE**  (see list above) | **STAFF NAME** | **DATE OF**  **SERVICE** | **DIRECT**  **SERVICE**  **HOURS🟏**  (.25 hour increments) | **🟏🟏 Service**  **Review**  **with Client**  (✓ if applies**)** | **🟏🟏 Service**  **Review**  **with**  **Supervisor**  (✓ if applies) |
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| **SUMMARY OF CONTACT, INCLUDING PLAN FOR FURTHER CONTACT:** | | | | | |
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| **Homework (if applicable):** | | | | | |
| **Next Appointment/Follow Up:** | | | | | **Initials:** |

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| **ACTIVITY**  **CODE**  (see list above) | **STAFF NAME** | **DATE OF**  **SERVICE** | **DIRECT**  **SERVICE**  **HOURS🟏**  (.25 hour increments) | **🟏🟏 Service**  **Review**  **with Client**  (✓ if applies**)** | **🟏🟏 Service**  **Review**  **with**  **Supervisor**  (✓ if applies) |
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| **SUMMARY OF CONTACT, INCLUDING PLAN FOR FURTHER CONTACT:** | | | | | |
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| **Homework:** | | | | | |
| **Next Appointment:** | | | | | **Initials:** |

🟏 If client cancelled or did not attend, insert appropriate code under Direct Service Hours column.

🟏🟏 ICASA policy requires that staff conduct service review with clients **at least every 24 sessions or 180 days and prior to termination** and **with supervisor within 30 days after intake and every 90 days thereafter**. **Do not record direct service hours for service review with supervisor.**