**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.**