**LETTER OF PROGRESS**

TO: WHO YOU ARE ADDRESSING THIS TO PHONE: STATED PERSON’S #

RE: CLIENT(S) NAME THERAPY START DATE: XXX

FROM: YOUR NAME & CREDENTIALS PHONE : YOUR PHONE

EMAIL: YOUR EMAIL TOTAL SESSIONS COMPLETED: #

REFERRED BY: REFERRAL SOURCE

THERAPEUTIC MODALITY: INDIVIDUAL, COUPLES, PLAY THERAPY, ETC…

TREATMENT GOALS: STATED TREATMENT GOALS

PROGRESS TOWARD GOALS: SUMMARY/NARRATIVE OF PROGRESS OR LACK OF PROGRESS TOWARD STATED GOALS AND OBJECTIVES

ADDITIONAL INFORMATION: DISCUSS FUTURE PLANS, ATTENDANCE, ADDITIONAL SESSIONS SCHEDULED, CASE TO BE CLOSED OR RECOMMENDED REFERRALS, ETC.

Clinician’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Clinician’s Printed Name & Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**\*\*\* This form is done best in collaboration with your client. Make sure you have a release of information signed if you are sending this form to anyone other than your client. \*\*\***