Weekly Progress Note

Client Name: _____ Counselor Name: _____

Client ID: _____ Week of: _____through _____

Date	Hours	Prob. Area	Act. Code	Comment on Client's progress related to treatment plan goals. Sign all notes.
				Day 1: Beginning time Ending Time:
				Day 2: Beginning time: Ending Time:
				Day 3: Beginning time: Ending Time:
				Day 4: Beginning time: Ending Time:
				Day 5: Beginning time: Ending Time:
				Day 6: Beginning time: Ending Time:

Weekly Summary – Progress on Treatment Plan Problems

Other Comments

Activity Codes:

0 = No Show
1 = Cancel
2 = Ind. Counseling-Intake
3 = Ind. Counseling-Planning
4 = Crisis Intervention-Individual Counseling
5 = Ind. Counseling Non Medi- Cal
6 = Group Counseling
7 = Family Counseling
8 = Voc./Rehab. Or Ed.
9 = Ancillary Service
10 = Activity/Recreation
11 = Referral
12 = Case Conference
13 = File Review/Director
14 = Follow-Up
15 = Phone Contact
16 = Discharge
17 = Urinalysis
18 = Excused Absence
19 = Day Tx. Daily Note
20 = File Review/MD
21 = Contact w/other agency
22 = Volunteer Activity
23 = Other Progress Notes
24 = Crisis Intervention (2+ clients involved)
25 = IOT Weekly Summary
26 = Res. Weekly Summary