

Day Treatment

Daily/Weekly Progress Note
Community Counseling Services

Rev 01/17

Case Name: _____

Case Id#: _____

Start Date: ____/____/____ End Date: ____/____/____ Service Code: _____

Day	Mon	Tues	Wed	Thurs	Fri
Time In	<input type="checkbox"/> Crying <input type="checkbox"/> Screaming <input type="checkbox"/> Refuses Request <input type="checkbox"/> Fighting/Pushing/ Showing <input type="checkbox"/> Impulsive	<input type="checkbox"/> Crying <input type="checkbox"/> Screaming <input type="checkbox"/> Refuses Request <input type="checkbox"/> Fighting/Pushing/ Showing <input type="checkbox"/> Impulsive	<input type="checkbox"/> Crying <input type="checkbox"/> Screaming <input type="checkbox"/> Refuses Request <input type="checkbox"/> Fighting/Pushing/ Showing <input type="checkbox"/> Impulsive	<input type="checkbox"/> Crying <input type="checkbox"/> Screaming <input type="checkbox"/> Refuses Request <input type="checkbox"/> Fighting/Pushing/ Showing <input type="checkbox"/> Impulsive	<input type="checkbox"/> Crying <input type="checkbox"/> Screaming <input type="checkbox"/> Refuses Request <input type="checkbox"/> Fighting/Pushing/ Showing <input type="checkbox"/> Impulsive
Time Out	<input type="checkbox"/> Property Destruction <input type="checkbox"/> Needed Redirection <input type="checkbox"/> Cursing <input type="checkbox"/> Talks Back <input type="checkbox"/> Interrupts <input type="checkbox"/> Self Injuries	<input type="checkbox"/> Property Destruction <input type="checkbox"/> Needed Redirection <input type="checkbox"/> Cursing <input type="checkbox"/> Talks Back <input type="checkbox"/> Interrupts <input type="checkbox"/> Self Injuries	<input type="checkbox"/> Property Destruction <input type="checkbox"/> Needed Redirection <input type="checkbox"/> Cursing <input type="checkbox"/> Talks Back <input type="checkbox"/> Interrupts <input type="checkbox"/> Self Injuries	<input type="checkbox"/> Property Destruction <input type="checkbox"/> Needed Redirection <input type="checkbox"/> Cursing <input type="checkbox"/> Talks Back <input type="checkbox"/> Interrupts <input type="checkbox"/> Self Injuries	<input type="checkbox"/> Property Destruction <input type="checkbox"/> Needed Redirection <input type="checkbox"/> Cursing <input type="checkbox"/> Talks Back <input type="checkbox"/> Interrupts <input type="checkbox"/> Self Injuries
Time In	<input type="checkbox"/> Stays on Task <input type="checkbox"/> Follows Directions <input type="checkbox"/> Respects Peers/Adults <input type="checkbox"/> Uses Time Wisely <input type="checkbox"/> Participates in Activities <input type="checkbox"/> Speaks in appropriate Tone of voice <input type="checkbox"/> Remains in Seat <input type="checkbox"/> Other _____	<input type="checkbox"/> Stays on Task <input type="checkbox"/> Follows Directions <input type="checkbox"/> Respects Peers/Adults <input type="checkbox"/> Uses Time Wisely <input type="checkbox"/> Participates in Activities <input type="checkbox"/> Speaks in appropriate Tone of voice <input type="checkbox"/> Remains in Seat <input type="checkbox"/> Other _____	<input type="checkbox"/> Stays on Task <input type="checkbox"/> Follows Directions <input type="checkbox"/> Respects Peers/Adults <input type="checkbox"/> Uses Time Wisely <input type="checkbox"/> Participates in Activities <input type="checkbox"/> Speaks in appropriate Tone of voice <input type="checkbox"/> Remains in Seat <input type="checkbox"/> Other _____	<input type="checkbox"/> Stays on Task <input type="checkbox"/> Follows Directions <input type="checkbox"/> Respects Peers/Adults <input type="checkbox"/> Uses Time Wisely <input type="checkbox"/> Participates in Activities <input type="checkbox"/> Speaks in appropriate Tone of voice <input type="checkbox"/> Remains in Seat <input type="checkbox"/> Other _____	<input type="checkbox"/> Stays on Task <input type="checkbox"/> Follows Directions <input type="checkbox"/> Respects Peers/Adults <input type="checkbox"/> Uses Time Wisely <input type="checkbox"/> Participates in Activities <input type="checkbox"/> Speaks in appropriate Tone of voice <input type="checkbox"/> Remains in Seat <input type="checkbox"/> Other _____
Time Out	<input type="checkbox"/> Stays on Task <input type="checkbox"/> Follows Directions <input type="checkbox"/> Respects Peers/Adults <input type="checkbox"/> Uses Time Wisely <input type="checkbox"/> Participates in Activities <input type="checkbox"/> Speaks in appropriate Tone of voice <input type="checkbox"/> Remains in Seat <input type="checkbox"/> Other _____	<input type="checkbox"/> Stays on Task <input type="checkbox"/> Follows Directions <input type="checkbox"/> Respects Peers/Adults <input type="checkbox"/> Uses Time Wisely <input type="checkbox"/> Participates in Activities <input type="checkbox"/> Speaks in appropriate Tone of voice <input type="checkbox"/> Remains in Seat <input type="checkbox"/> Other _____	<input type="checkbox"/> Stays on Task <input type="checkbox"/> Follows Directions <input type="checkbox"/> Respects Peers/Adults <input type="checkbox"/> Uses Time Wisely <input type="checkbox"/> Participates in Activities <input type="checkbox"/> Speaks in appropriate Tone of voice <input type="checkbox"/> Remains in Seat <input type="checkbox"/> Other _____	<input type="checkbox"/> Stays on Task <input type="checkbox"/> Follows Directions <input type="checkbox"/> Respects Peers/Adults <input type="checkbox"/> Uses Time Wisely <input type="checkbox"/> Participates in Activities <input type="checkbox"/> Speaks in appropriate Tone of voice <input type="checkbox"/> Remains in Seat <input type="checkbox"/> Other _____	<input type="checkbox"/> Stays on Task <input type="checkbox"/> Follows Directions <input type="checkbox"/> Respects Peers/Adults <input type="checkbox"/> Uses Time Wisely <input type="checkbox"/> Participates in Activities <input type="checkbox"/> Speaks in appropriate Tone of voice <input type="checkbox"/> Remains in Seat <input type="checkbox"/> Other _____
Total					

Summary:

Assessment:

Plan:

Guardian involvement this week? Yes No, Comments:

Staff Signature/Credentials: _____ Supervisor's Signature (if applicable): _____