

**GROUP THERAPY PROGRESS NOTE**  
**CSH - 104**

This form may be saved on a personal computer so that notes may be typed and printed out. It may also be copied and handwritten in black ink, legibly. All notes must be stamped clearly. Once completed, file the Group Note in the Progress Notes section of the client's medical record nearest the date this note was written or place in the filing basket for the ward clerk.

1. CLIENT NAME: Write or type in full client name.
2. NAME OF GROUP: Write or type in group name.
3. DATE/TIME: Write or type in the date and time this note is completed (not the group time).
4. PROBLEM/NEED: Write in the problem number the group is designed to help. (Please note: the group should also be listed under interventions for this problem).
5. LEADER: Write or type in the name(s) of the group leader(s) or facilitator(s).
6. GROUP SCHEDULE: Write or type in your group's schedule for that week, the exact days and time group was held. Should a regularly scheduled group not be held for any reason (e.g., state holiday), then that group should not be listed. List only groups held.
7. Fill in the blanks for the number of groups that client attended that week as well as the particular dates.
8. Fill in the blanks for any number of groups the client did not attend, as well as dates.
9. GROUP CONTENT: Write or type a brief summary of the topics covered in group for this week. This may be identical for all the group members who attended for the week.
10. PROGRESS MADE TOWARD GOAL: Indicate by checking YES or NO if the client made progress toward the goal associated with the PROBLEM/NEED number listed in Number 4.
11. PLAN: Write or type briefly your plans for this client in the group within the next week (e.g., will redirect client to the topic as needed, will ask the client to repeat the information in his own words to insure that he comprehends it).
12. APPEARANCE: Check all that apply. Note any significant changes throughout the week by checking the box at the bottom of this section and noting it below in the space provided.
13. PARTICIPATION: Check all that apply. Note any significant changes throughout the week by checking the box at the bottom of this section and noting it below in the space provided.
14. COMMENTS: Write or type any significant behavior or changes in behavior or appearance. Please be specific and provide behavioral observations.
15. STAMP PLATE: All notes must be stamped legibly.