

PSR MALL FACILITATOR PROGRESS NOTE

Individual:		ID# :	Program:	Unit:
<input type="checkbox"/> Group <input type="checkbox"/> Individual Therapy				
Name of Group/Individual Therapy:				
Goal from IRP #:				
Objective from IRP #:				
Intervention from IRP #:				
Cognitive Level: <input type="checkbox"/> Advanced <input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Supported				
For Substance Abuse only: Stage of Change material is presented at: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
Reporting Period (Start and End Date):		Day(s) of Week: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F		
		Session Time:		
		Total Sessions Scheduled:		Attended:
Average level of participation for reporting period:				
<input type="checkbox"/> 1 - Chooses not to participate				
<input type="checkbox"/> 2 - Remains in group but does not participate				
<input type="checkbox"/> 3 - Participates minimally with numerous prompts				
<input type="checkbox"/> 4 - Participates well with minimal prompts				
<input type="checkbox"/> 5 - Participates actively and/or independently				
Individual's progress toward Objective during the reporting period:				
<input type="checkbox"/> 1 - No progress. Reassess suitability of this objective and/or intervention (see suggested alternative[s] below)				
<input type="checkbox"/> 2 - Minimal progress. Continue with this intervention (see data-based explanation in the Comments below)				
<input type="checkbox"/> 3 - Acceptable progress. Continue with this intervention (see data-based explanation in the Comments below)				
<input type="checkbox"/> 4 - Very good progress. Continue with this intervention (see data-based explanation in the Comments below)				
<input type="checkbox"/> 5 - Objective has been met. Assign new objective and/or intervention (see suggestions below)				
Comments to RPT:				
Print the name of the person who completed this form:				
Name of Group Facilitator or Individual Therapist	Signature	Title	Date	
Name of Group Co-Facilitator	Signature	Title	Date	

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