Start Time: \_\_am\_\_ pm End Time: \_\_am\_\_ pm Total Minutes:

Service: Group Therapy

Attendance: Client and group members

Location of Session: Telehealth: Provider location is the office and client location is:

Risk: \_\_Yes \_\_ No Safety plan:

Problem/Goal:

Group Objectives for this client with progress scored form 1 – 10:

\_\_Active Listening Skills \_\_ Manners

\_\_Being a Good Sport \_\_ Being a Good Sport

\_\_Body Language \_\_ Recognizing Social Cues

\_\_Calling Others by Name \_\_ Remaining on Topic

\_\_Expressing Emotions \_\_ Responding to Name

\_\_Eye Contact \_\_ Self-Monitoring

 \_\_Following Directions \_\_ Sharing

\_\_Greetings \_\_ Turn Taking

­­\_\_How to deal with other’s feelings \_\_ Verbal-Physical Boundaries

\_\_Interrupting Others \_\_ Volume Control

\_\_Inviting a Friend to Play \_\_ DIAD/TRIAD and group interactions

Intervention:

Client Response:

Plan:

Next Appointment: