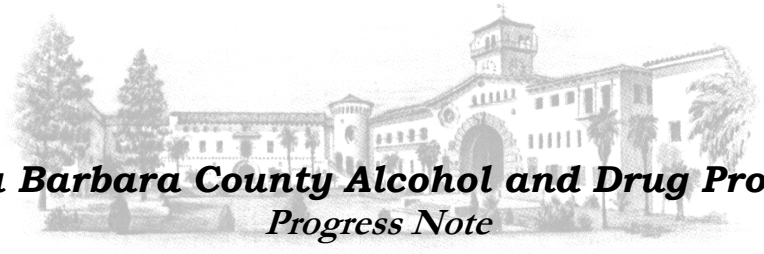

Santa Barbara County Alcohol and Drug Program

Progress Note

Ⓓ Description – Beginning time and Duration in minutes, group or individual session/type of individual session

Ⓐ Assessment – Summary of client's participation in group or individual session - describe client's progress on the treatment plan problems, short and long term goals, action steps, objectives

Ⓟ Plan – A specific goal or solution to the problem identified in the description and/or assessment – include homework and referrals as appropriate

ID#: _____ **Client Name:**_____

Date (month, day, year)	**Start time** and duration of tx.	**Progress Note** All progress notes shall be legible, follow DAP format, and be signed by counselor