

SESSION NOTES

Client Name: _____ Date: _____

Session length: _____

Therapist: _____ Number sessions: _____

Goals for Session:

Client's disposition and behavior during session:

Client's reflection on progress since last session:

Client's report of new issues:

Client's report of obstacles in completing goals and/or homework:

Content of session (topics, insights, techniques provided):

Goals for client between sessions:

Homework assigned:

Additional Notes/Comments:
