B.I.R.P. Progress Note Checklist

Use this checklist to guide your Progress Notes on page 2 and 3.

Behavior - Counselor observation; client statements	**Check if Addressed**
Subjective data about the client—what are the client's observations, thoughts, direct quotes?	
Objective data about the client—what does the counselor observe during the session (affect, mood, appearance)?	
Intervention - Counselor's methods to address goals and objectives; observation, client statements	
What is the counselor's understanding of the problem?	
What are the counselor's working hypotheses?	
What was the general content and process of the session?	
Was homework reviewed (e.g., journal, assignment worksheets—if any)?	
What goals and objectives were addressed this session?	
Response - Client's response to intervention and progress made toward treatment plan goals and objectives	
Client's response to treatment plan; revisions needed?	
Client's progress toward goals and objectives?	
Plan - Document what is going to happen next	
Modifications to goals or objectives?	
What is the counselor going to do next?	
When is the next session date?	
General Checklist	
Does this note connect to the client's treatment plan?	
Are client strengths/limitations in achieving goals noted and considered?	
Is this note dated, signed, and legible?	
Is the client's name and identifier included on each page?	
Has referral information been documented?	
Does the note reflect changes in client status (e.g., measures of functioning)?	
Are abbreviations used standardized and consistent?	
Would someone not familiar with this case be able to read this note and understand exactly what has occurred in treatment?	
Are any non-routine calls, missed sessions, or professional consultations regarding this case documented?	
Did counselor and/or supervisor sign note?	

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Client Name: ___________________________________ D.O.B. ______________

Date: ________________ Time: _______________

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Counselor Signature: ____________________________________

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Client Name: ________________________________ D.O.B. _____________

Date: _______________ Time: ______________

Counselor Signature: _________________________________

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