

Group Therapy Case Notes

Session date:	Session start time:
Session end time:	Session schedule:
Number of clients:	
Group summary	
Group name:	
Group discussion topic of the day:	
Interventions implemented:	
Group session summary:	
Client information	
Client's full name:	Date of birth:
Gender:	Identification number:
Contact information:	
Client goals and objectives	

Client's mood and overall appearance**Clients behavior rating**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Seemed interested in the group					
Initiated positive interactions					
Shared emotions					
Helpful to others					
Disclosed information about self					
Understand group topics					
Showed listening skills/empathy					
Offered opinions/ feedback					
Focused on group tasks					
Participated in group exercises					
Seemed to benefit from the session					
Treatment considerations addressed					

Other notes**Client and group interactions****Client and group influences****Client responses or progress**

Monthly evaluation			
	Low	Medium	High
Participation			
Discussed issues			
Insight			
Motivation			
Emotional expression			
Stays on task			
Objectives being met			
Additional information			
Therapist name:			
Therapist signature:			
Date:			
Time started:			
Time finished:			