

Play Therapy Progress Notes

Patient information	
Name:	Date of birth:
Gender:	Date of session:
Subjective	
Child's presentation and affect	Play themes
Verbal expressions	
Parent/caregiver report	
Objective	
Selected toys/materials	Play sequence and patterns
Art supplies	Dolls/figures
Sand tray	Puppets
Building toys	Medical kit
Games	Cards
Other:	
Significant observations	

Assessment

Therapeutic progress

1. Goal:

Progress: Regression No change Minimal Moderate Significant

2. Goal:

Progress: Regression No change Minimal Moderate Significant

3. Goal:

Progress: Regression No change Minimal Moderate Significant

Clinical impressions/current concerns

Plan

Therapeutic interventions used

Non-directive play	Directive play	Art therapy	Sand tray
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Role play	Other:
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Treatment modifications

Changes needed to the treatment plan:

Next session

Planned focus/interventions:

Follow-up/recommendations

Additional notes

Clinician's name:	Credentials:
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Signature:	Date:
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