

Time: _____

SOW'S MENTAL HEALTH PROGRESS NOTE

STUDENT NAME: _____

DATE: _____

TYPE OF CONTACT

- Individual Group Medication Check-In TEAP Consultation
 Leave and/or separation incident Other _____

MENTAL STATUS

- | | | | | | |
|----------------------|---------------------------------|----------------------------------|---------------------------------|------------------------------|-----------------------------|
| Appearance | <input type="checkbox"/> Normal | <input type="checkbox"/> Unusual | Danger to Self | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Speech | <input type="checkbox"/> Normal | <input type="checkbox"/> Unusual | Danger to Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cognition/Perception | <input type="checkbox"/> Normal | <input type="checkbox"/> Unusual | Explain Unusual Items/Comments: | | |
| Mood/Affect | <input type="checkbox"/> Normal | <input type="checkbox"/> Unusual | _____ | | |
| Behavior | <input type="checkbox"/> Normal | <input type="checkbox"/> Unusual | _____ | | |

INTERVENTIONS

Indicate primary types of interventions utilized (Check all that apply). Describe in summary of session.

- | | | |
|---|---|--|
| <input type="checkbox"/> Assess/Info Gather | <input type="checkbox"/> Psycho-education | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Stress Management | <input type="checkbox"/> CBT/ACT |
| <input type="checkbox"/> Empathic Exploration | <input type="checkbox"/> Social Skill Training | <input type="checkbox"/> DBT/Mindfulness |
| <input type="checkbox"/> Decision Making | <input type="checkbox"/> Psychodynamic/Relational | <input type="checkbox"/> Other |

SUMMARY *(Include how the session ties into employability or the work environment for the student)*

PROGRESS WITH TREATMENT GOALS

- Marked Improvement Some Improvement Maintenance of Functioning Symptoms Worse

FUTURE TREATMENT/FOLLOW-UP PLAN

Signature and Title _____

Date _____

Supervisor Signature and Title, if applicable _____

Date _____