# A black and blue logo  AI-generated content may be incorrect.**Greater Malden Behavioral Health**

# Therapeutic Mentoring Progress Note

**Date of Service**: Click or tap to enter a date. **Client Name**: Click or tap to enter text

**Client ID:** Click or tap here to enter text. **Client DOB:** Click or tap to enter date

**MIS#:** Click or tap here to enter text.

**Total Units Bachelor’s:** Click or tap here to enter text.

**Service Type and Units** (1 unit = 15 minutes)

[ ]  Direct Time with Client: Click or tap here to enter text.

[ ]  Telephone Support for Client: Click or tap here to enter text.

[ ]  Direct Time with Provider: Click or tap here to enter text.

[ ]  Family Contact (phone & face to face): Click or tap here to enter text.

[ ]  Collateral Contacts (ICC, CPT meeting, etc.): Click or tap here to enter text.

[ ]  Client Transportation (2unit max): Click or tap here to enter text.

[ ]  Client Outreach (2unit max): Click or tap here to enter text.

[ ]  Insurance Documentation: Click or tap here to enter text.

**Interventions**

[ ]  Behavioral Rehearsal [ ]  Role Play

[ ]  Conflict Resolution [ ]  Developing Communication Skills

[ ]  Teaching of Alternative Strategies [ ]  Skill Acquisition in the Community

[ ]  Exposure to Social Situations [ ]  Practicing Skills in the Community

[ ]  Other Click or tap here to enter text.

**Overall Progress Note:** Click or tap here to enter text.

Clinician/TM Name and Credentials: Click or tap here to enter text.

Clinician/TM Signature:

Date: Click or tap here to enter text.

Team Leader/Supervisor Name and Credentials: Click or tap here to enter text.

Team Leader/Supervisor Signature:

Date: Click or tap to enter a date.