# 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.