



Division of Psychological Services
Programs for Students with Emotional/Behavioral Disabilities
Quarterly Clinical/Art Therapy Progress Summary

Student: _____ ID: _____

School/Program: _____ Grading Period: 1 2 3 4

Service Type: Counseling Clinical Art Therapy*
 Therapeutic Counseling (student eligibility required/art therapists only)

Goals: _____

Specific problem(s), skills, deficits, behaviors, issues and/or themes addressed in the session(s): _____

Interventions utilized:

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavior Modification | <input type="checkbox"/> Activity-based therapy | <input type="checkbox"/> Treatment progress reviewed |
| <input type="checkbox"/> Play therapy | <input type="checkbox"/> Relaxation/meditation | <input type="checkbox"/> Career/vocational planning |
| <input type="checkbox"/> Conflict mediation | <input type="checkbox"/> Anger management | <input type="checkbox"/> Expressive modalities |
| <input type="checkbox"/> Cognitive/behavioral | <input type="checkbox"/> Social skills | <input type="checkbox"/> Art Therapy* |
| <input type="checkbox"/> Communication-relational skills | | <input type="checkbox"/> Other: _____ |

Client's response to interventions:

- | | |
|--|--|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Non-responsive |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Resistant |
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Engaged, active |
| <input type="checkbox"/> Passive | <input type="checkbox"/> Variable |
| <input type="checkbox"/> Aggressive | Other: _____ |

Assessment of progress/outcome:

- | | | |
|---|--|---|
| <input type="checkbox"/> Minimal | <input type="checkbox"/> Problem-solves with assistance | <input type="checkbox"/> Able to generate alternatives |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Complicated by recent stressors | <input type="checkbox"/> Demonstrates empathy, support for others |
| <input type="checkbox"/> Steady | <input type="checkbox"/> Developing insight | <input type="checkbox"/> Uses sessions to vent |
| <input type="checkbox"/> Good/excellent | <input type="checkbox"/> Little insight | <input type="checkbox"/> Variable |
| <input type="checkbox"/> Initiates problem-solving | <input type="checkbox"/> Aware, insightful | |
| <input type="checkbox"/> Increased difficulties noted | | |

Comments/Plan: _____

<p>Art Therapy Assessment:</p> <p><input type="checkbox"/> SDT/LCA date:</p> <p><input type="checkbox"/> Re-assess (SDT/LCA) date:</p> <p>Student Artwork Indicates:</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Aggression</p> <p><input type="checkbox"/> Anxiety</p>	<p>Utilizes art to:</p> <p><input type="checkbox"/> Increase social skills</p> <p><input type="checkbox"/> Reconcile anger</p> <p><input type="checkbox"/> Increase communication</p> <p><input type="checkbox"/> Express feelings</p> <p><input type="checkbox"/> Increase impulse control</p> <p><input type="checkbox"/> Increase coping skills</p>	<p>Student demonstrates:</p> <p><input type="checkbox"/> Increase in interpersonal skills</p> <p><input type="checkbox"/> Decision making skills through art</p> <p><input type="checkbox"/> Frustration tolerance through art</p> <p><input type="checkbox"/> Increase in independent functioning</p> <p><input type="checkbox"/> Other: _____</p>
<p>Art Therapy Observations/Report on progress or assessment: _____</p> <p>_____</p> <p>_____</p>		